

Fill in this information to identify the case:

Debtor name Jills Office LLC

United States Bankruptcy Court for the: _____ District of Utah
(State)

Case number (if known): 25-21625

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. America FirstChecking1 5 4 7

\$2320.62

3.2. America FirstSavings1 5 4 7

\$1.00

4. Other cash equivalents (Identify all)

4.1. HSW check reimbursement

\$ 4,013.61

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 6335.23

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Last months rent for Boyer pre-payment \$ 19,000
 8.2. Event Venue Copper Nickel \$ 4034.34

9. Total of Part 2. see additional sheet

Add lines 7 through 8. Copy the total to line 81.

\$ 25,259.44

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: $\frac{21,777.45}{\text{face amount}} - \frac{7,353.28}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 14,424.17
 11b. Over 90 days old: $\frac{42,232.77}{\text{face amount}} - \frac{42,232.77}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 0.00

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 14,424.17

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.



Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

No



Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No



Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No



Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.



Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Chairs, couches, cabinets, bookshelves, desks, cubicles, refrigerators	\$ _____	fair market value	\$ 10,200
40. Office fixtures Studio Lights	\$ _____	fair market value	\$ 300.00
41. Office equipment, including all computer equipment and communication systems equipment and software Computers, monitors, mice, headsets, camera, keyboards, printers, tv's	\$ _____	fair market value	\$ 25,975.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 36,475

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**☒ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>Call center- 960 W. White Dr.</u>	<u>lease</u>	\$ <u>0</u>		\$ <u>0</u>
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Registered trademark for 'Jill's Office' used in connection with administrative and phone answering services	\$ <u>0.00</u>	Estimated fair market value based on brand usage, revenue association, and cost to develop	\$ <u>2,000</u>
61. Internet domain names and websites *Collection of approximately 35 internet domain names, including jillsoffice.com and other brand-related domains used for administrative service business and future branding initiatives.	\$ <u>0.00</u>	Estimated fair market value based on resale value and branding potential	\$ <u>6,100</u>
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations Customer list of 697 active and 946 total clients, used in connection with recurring administrative and phone answering services.	\$ _____	5% of projected annual revenue based on recurring service relationships and list quality.	\$ <u>200,000</u>
64. Other intangibles, or intellectual property Proprietary in-house call-handling and admin task software developed for internal use by Jill's Office	\$ _____	Replacement cost, discounted for internal-use-only software with limited resale value.	\$ <u>12,000</u>
65. Goodwill	\$ _____		\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 220,100

Debtor

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax loss - \$204,922

Tax Loss - \$289,213

Taxable Income - \$132,807

Tax year 2021
Tax year 2022
Tax year 2023

\$ _ \$0
\$ _ \$0
\$ _ \$0

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Dispute with business partners involving claims related to company mismanagement with Rob Phelps vs Brant & Autumn Thurgood. Litigation pending.

Nature of claim "The Thurgoods value the suit at \$0, and Phelps values it at \$750,000"

Amount requested \$ _____

unknown
\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 6,335.23	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 25,259.44	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 14,424.17	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 36,375	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 220,100	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$	+ 91b. \$
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 266,118.84

Jill's Office, LLC 25-21625

Supplement to Schedule A/B

Part 1 Cash and Cash Equivalents

3.3 America First Checking 9574 -2248.02
 3.4 America First Savings 9574 \$6.14

Part 2: Deposits and Prepayments

8.3 Chicas Tacos \$913.80
 8.4 Canva (Pre-paid) until July 30.00
 8.5 Streamyard 431.88 cancelled but access to it for the year
 8.6 Figma 849.42 cancelled but access to it for the year

Part 7:

Computer Chairs	100	30	\$3,000.00	furniture
Couches	8	\$100	\$800	furniture
Sitting Chairs	10	\$25	\$250	furniture
Filing Cabinets	10	\$30	\$300	furniture
Bookshelves	10	\$20	\$200	furniture
Standing Desks	16	\$100	\$1,600	furniture
Cubicles	50	\$75	\$3,750	furniture
Desks	1	\$100	\$100	furniture
Refrigerators	2	\$100	\$200	furniture
			\$10,200.00	
Computers	92	\$100	\$9,200	computers equipment
Monitors	285	\$30	\$8,550	computers equipment
Keyboards	120	\$5	\$600	computers equipment
Mice	120	\$5	\$600	computers equipment
Headsets	140	\$15	\$2,100	computers equipment
Laptops	22	\$150	\$3,300	computers

				equipment
Printers	8	\$50	\$400	computer equipment
camera	1	1000	\$1,000.00	computers equipment
TVs	3	\$75	\$225	computers equipment
			\$25,975.00	
lights	3	100	\$300.00	fixtures

Part 10: Intangibles

61.

Domain Name Valuation Chart for Schedule A/B – Part 10, Line 61

Domain Name

Estimated Value

Tier 1 – Core Business & Brand Domains

jillsoffice.com	\$1,500
jillsoffice.io	\$500
jillsoffice.ai	\$750
jillsoffice.app	\$300
jillchat.com	\$300
jillphone.com	\$250
cheetahcalls.com	\$200

mydedicatedadmin.com	\$250
adminproacademy.com	\$150
milliondollaradmin.com	\$150
collectivestrong.com	\$150
smartprospector.net	\$150
smartpostman.net	\$150
jillsofficehub.com	\$100
Tier 1 Subtotal	\$5,500

Tier 2 – Supporting & Duplicate Domains

jillsoffice.net	\$50
jillsoffice.live	\$25
jillsoffice.co	\$25
jillsoffice.pro	\$25
jills-office.com	\$25
jillsofficechat.com	\$25
collectivestrong.org	\$25
collectivestrong.net	\$25
bettertogethers.us	\$25

freedomfreaks.org	\$25
freedomfreaks.live	\$25
mydedicatedadmin.org	\$25
mydedicatedadmin.net	\$25
mydedicatedadmin.info	\$25
proactivehomeutah.org	\$25
proactivehomeutah.info	\$25
proactivehomeutah.com	\$25
proactivehomesutah.com	\$25
proactivehomemaintenance.net	\$10
proactivehomemaintenance.info	\$10
proactivehomemaintenance.com	\$25
smartoffice.help	\$25
responsijill.com	\$25
Tier 2 Subtotal	\$600
Total Estimated Value (All Domains)	\$6,100

Fill in this information to identify the case:

Debtor name Jill's Office, LLC
 United States Bankruptcy Court for the: _____ District of Utah
 (State)
 Case number (If known): 25-21625

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

CFT Clear Finance Technology Corp.

Describe debtor's property that is subject to a lien~~XXXXXXXXXXXXXXXXXXXX~~

\$ 90,000

\$ 0

Creditor's mailing address

33 Younge Street, Suite 1302
 Toronto, ON M5E 1G4, Canada

All assets including accounts

Describe the lien

Filed UCC

Creditor's email address, if known

payments@clear.co

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☐ No
☒ Yes. Specify each creditor, including this creditor, and its relative priority.
 See notation to right
 -

Priority:

1. Stripe Servicing, Inc.
2. U.S. Small Business Administration
3. Northeast Bank
4. Nebula Financing LLC
5. Premium Merchant Funding 26, LLC
6. Elite Funding
7. USA
8. CFT Clear Finance Technology Corp.
9. Daytona Funding Solutions
10. Smart Business
11. Kings Funding Group
12. Thurgood Family Trust
13. Highland Hills
14. LevelEx Funding
15. Novac Equities
16. OnDeck Capital
17. Fundbox

2.2 Creditor's name

Daytona Funding Solutions Corporation

Describe debtor's property that is subject to a lien~~XXXXXXXXXXXXXXXXXXXX~~

\$ 117,000

\$ 0

Creditor's mailing address

266 Broadway, Ste. 401

Brooklyn, NY 11211

All Assets including accounts

Describe the lien

Filed UCC

Creditor's email address, if known

Chris@thedaytonafunding.com

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date debt was incurred

Jan 2025

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- ☐ No
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines 2.1

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 3,116,720.20

Part 1: Additional Page**Column A****Amount of claim**

Do not deduct the value of collateral.

Column B**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name **Describe debtor's property that is subject to a lien**

Elite Funding

XXXXXXXXXXXXXXXXXXXX

\$ 80,000

\$ 0

Creditor's mailing address500 W. Putnam Avenue, Suite 400
Greenwich, CT 06830

All assets including accounts

Describe the lien

Filed UCC

Creditor's email address, if known

collections@toptiercap.org

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred 1/2025

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐
- No
-
- ☒
- Yes. Have you already specified the relative priority?

- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

- ☐
- Yes. The relative priority of creditors is specified on lines 2.1

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

2.4 Creditor's name **Describe debtor's property that is subject to a lien**

Fundbox Capital

accounts

\$ 40,000

\$ 0

Creditor's mailing address5760 Legacy Dr. Ste. B3-535
Plano, TX 75024**Describe the lien**

Filed UCC

Creditor's email address, if known

payments@email.fundbox.com

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐
- No
-
- ☒
- Yes. Have you already specified the relative priority?

- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

- ☒
- Yes. The relative priority of creditors is specified on lines 2.1

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

Debtor

Jill's Office, LLC
Name

Case number (if known) 25-21625

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 Creditor's name _____ Galt Funding Co. Creditor's mailing address _____ 10214 Bluff Rd. _____ Eden Prairie, MN 55347-5004 _____ Creditor's email address, if known _____ collections@acerecoverygrp.com Date debt was incurred unknown Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien Accounts _____ \$ <u>40,000</u> \$ <u>0</u> _____ Describe the lien UCC _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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2.6 Creditor's name _____ Highland Hills Creditor's mailing address _____ 86 Chambers St, Ste. 205 _____ New York, NY 10007 _____ Creditor's email address, if known _____ gabe@mendelberglaw.com Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. Unknown- UCC likely filed through generic filer like CT Corporation _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien accounts _____ \$ <u>171,000</u> \$ <u>0</u> _____ Describe the lien UCC _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7	Creditor's name King's Funding Group	Describe debtor's property that is subject to a lien all tangible and intangible assets	\$ 60,000	\$ 0
	Creditor's mailing address 4441 Purves St., Spt. 2303 Long Island City, NY 11101-2993			
	Creditor's email address, if known daniil@kingsfundinggroup.com	Describe the lien UCC		
	Date debt was incurred 3/14/2025	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			

2.8	Creditor's name LevelEx Funding	Describe debtor's property that is subject to a lien accounts	\$ 10,000	\$ 0
	Creditor's mailing address 1274 49th St, Pmb #665 Brooklyn, NY 11219			
	Creditor's email address, if known admin@levelexfunding.com	Describe the lien UCC- presumably		
	Date debt was incurred unknown	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. Priority unknown; UCC likely filed in generic name like CT Corporation _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor

Jill's Office, LLC
Name

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9 Creditor's name Nebula Financing LLC <hr/> Creditor's mailing address <hr/> 3200 Bristol St. Ste. 690 <hr/> Costa Mesa, CA 92626 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien accounts, general intangibles \$ 0 \$ 0 <hr/> <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
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2.10 Creditor's name Northeast Bank <hr/> Creditor's mailing address <hr/> One Marina Park Dr. Floor 8 <hr/> Boston, MA 02210 <hr/> Creditor's email address, if known <hr/> Date debt was incurred <u>Oct. 2024</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien accounts, machinery, equipment, etc. \$ unknown \$ unknown <hr/> <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.1.1	Creditor's name OnDeck Capital	Describe debtor's property that is subject to a lien accounts\$ 23,000\$ 0
	Creditor's mailing address 4700 W. Daybreak Pkwy. Ste. 200 South Jordan, UT 84009	Describe the lien UCC
	Creditor's email address, if known scooley@enova.com	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date debt was incurred unknown Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

2.1.2	Creditor's name Premium Merchant Funding 26, LLC	Describe debtor's property that is subject to a lien accounts\$ 40,000\$ 0
	Creditor's mailing address 55 Water St, 50th Fl. New York, NY 10041	Describe the lien UCC
	Creditor's email address, if known info@pmfus.com	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date debt was incurred Dec. 2024 Last 4 digits of account number _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

Part 1: Additional Page**Column A****Amount of claim**

Do not deduct the value of collateral.

Column B**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13 Creditor's name Smart Business	Describe debtor's property that is subject to a lien Accounts \$ 11,407 \$ 0
Creditor's mailing address 561 NE 79th Street Miami, FL 33138	Describe the lien UCC
Creditor's email address, if known muretta@tritonrecoveryllc.com	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date debt was incurred Mar. 2025 Last 4 digits of account number	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

2.14 Creditor's name Stripe Servicing, Inc.	Describe debtor's property that is subject to a lien accounts XXXX \$ 7,293.58 XXXX \$ 7,293.58
Creditor's mailing address 199 Water St., Floor 30 New York, NY 10038	Describe the lien UCC
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date debt was incurred July 2023 Last 4 digits of account number	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.15	Creditor's name Thurgood Family Trust	Describe debtor's property that is subject to a lien All tangible and intangible assets	\$ 1,900,019.62	\$ 0
	Creditor's mailing address 1889 S 910 W Unit B Syracuse, UT 84075			
	Creditor's email address, if known	Describe the lien UCC		
	Date debt was incurred	Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>			

2.16	Creditor's name U.S. Small Business Administration	Describe debtor's property that is subject to a lien All assets including accounts	\$ 527,000	\$ 527,000
	Creditor's mailing address 1545 Hawkins Blvd. Suite 202 El Paso, TX 79925			
	Creditor's email address, if known john.gygi@sba.gov	Describe the lien UCC		
	Date debt was incurred Nov. 2021	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>			

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.17 Creditor's name

USA

Describe debtor's property that is subject to a lien

Accounts Receivable

\$ 0

\$ 0

Creditor's mailing address

1274 49th St., #197

Brooklyn, NY 11219

Describe the lien

UCC

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred January 2025

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Have you already specified the relative priority?
☒ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.18 Creditor's name

Samson MCA LLC

Describe debtor's property that is subject to a lien

accounts

\$ 0

\$ 0

Creditor's mailing address

17 State St. Ste. 630

New York, NY 10004

Describe the lien

UCC

Creditor's email address, if known

astrid@bblawpllc.com

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred 9/2023

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☒ No. Specify each creditor, including this creditor, and its relative priority.
Notice only; no debt owed

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Fill in this information to identify the case:

Debtor Jill's Office LLC

United States Bankruptcy Court for the: _____ District of Utah
(State)

Case number 25-21625
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Argyle, Savannah
44 S Bonneville Ln
Kaysville, UT 84037

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$1,147.10

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid wages earned pre-petition

Total claim

Priority amount

\$1,147.10

\$1,147.10

2.2 Priority creditor's name and mailing address

Baird, Ashlee
1133 Custer Ave
Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$1,064.98

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid wages earned pre-petition

\$1,064.98

\$1,064.98

2.3 Priority creditor's name and mailing address

Barlow, Berkley
147 W 5050 S
Ogden, UT 84405

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$1,580.29

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid wages earned pre-petition

\$1,580.29

\$1,580.29

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

24	Priority creditor's name and mailing address Bateman, Emily 1012 Grants Ln Syracuse, UT 84075 Date or dates debt was incurred 3/27/25 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid wages and employer benefit contributions (IRA/HSA) through 2025 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>\$2,131.24</u>	\$ <u>\$2,131.24</u>
25	Priority creditor's name and mailing address Bateman, Loren 1012 Grants Ln Syracuse, UT 84075 Date or dates debt was incurred 3/27/25 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid wages earned pre-petition Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>\$1,403.42</u>	\$ <u>\$1,403.42</u>
26	Priority creditor's name and mailing address Blomquist, Ricky 106 Hockey Puck Way Benson, NC 27504 Date or dates debt was incurred 1/8/25 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid wages earned pre-petition Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1312.86</u>	\$ <u>1312.86</u>
27	Priority creditor's name and mailing address Bontrager, Alyson 711 N 1250 W Clearfield, UT 84015 Date or dates debt was incurred 3/27/25 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid wages earned pre-petition Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>\$1,315.23</u>	\$ <u>\$1,315.23</u>

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$3575.87

\$3575.87

Brinker, Heather
1437 North 250 West
Layton, UT 84041

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
12/31/24

Basis for the claim:

unpaid pre-petition IRA payments

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2.9 Priority creditor's name and mailing address

\$3,078.73

\$3,078.73

Brower, Kristi
5180 S 2975 W
Roy, UT 84067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
3/27/25

Basis for the claim:

Unpaid wages and employer benefit contributions
(IRA/HSA) through 2025

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2.10 Priority creditor's name and mailing address

\$5,618.76

\$5,618.76

Bybee, Jadan
1280 S 2900 W
Ogden, UT 84401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
3/27/25

Basis for the claim:

Unpaid wages and employer benefit contributions
(IRA/HSA) through 2025

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2.11 Priority creditor's name and mailing address

\$4,510.52

\$4,510.52

Card, Holly
5542 S 4175 W
Roy, UT 84067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
3/27/25

Basis for the claim:

Unpaid wages and employer benefit contributions
(IRA/HSA) through 2025

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

212 Priority creditor's name and mailing address \$1,116.61 \$1,116.61

Carter, Jordan

221 W 800 N, APT 3

Clearfield, UT 84015

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

213 Priority creditor's name and mailing address \$1,075.62 \$1,075.62

Cash, Kacilyn

1600 N 1575 W Apt B103

Layton, UT 84041

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

214 Priority creditor's name and mailing address \$1,251.74 \$1,251.74

Castro, Alexis

690 N 3900 W

Cedar City, UT 84721

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

215 Priority creditor's name and mailing address \$1,757.83 \$1,757.83

Cendajas, Brenda

3059 Ogden Ave

Ogden, UT 84401

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

216 Priority creditor's name and mailing address \$1,298.90 \$1,298.90

Cervantes, Laura

5933 S 2875 W

Roy, UT 84067

Date or dates debt was incurred

3/27/25

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

47 Priority creditor's name and mailing address \$685.57 \$685.57

Collins, Pam

6019 S Wasatch Drive Apt A301

South Ogden, UT 84403

Date or dates debt was incurred

3/27/25

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

218 Priority creditor's name and mailing address \$1,223.40 \$1,223.40

Conrad, Jennifer

5000 S 1900 W APT 27

Roy, UT 84067

Date or dates debt was incurred

3/27/25

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

219 Priority creditor's name and mailing address \$1,256.05 \$1,256.05

Cozzens, Michael

2155 Grant Ave Apt 121

Ogden, UT 84401

Date or dates debt was incurred

3/27/25

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

220 Priority creditor's name and mailing address

\$1,012.80

\$1,012.80

Dangel, Bailey

2702 W 4375 S

Roy, UT 84067

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

221 Priority creditor's name and mailing address

\$1,314.27

\$1,314.27

Delgado, Mariah

1807 W 4650 S

Roy, UT 84067

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

222 Priority creditor's name and mailing address

\$3,301.90

\$3,301.90

Dental Insurance

Ameritas Life Insurance Corp

PO BOX 650730 Dallas TX, 75265-0730

Date or dates debt was incurred

Jan-March 2025

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid dental benefit contribution pre-petition

Is the claim subject to offset?

- ☒ No
☐ Yes

223 Priority creditor's name and mailing address

\$494.2

\$494.2

Diaz, Cynthia

8483 SW Hemlock St, Apt A

Portland, Oregon 97223 -5835

Date or dates debt was incurred

12/31/24

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition IRA payment

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. 24 Priority creditor's name and mailing address\$ \$1,329.74\$ \$1,329.74

Erickson, McKenna
 1180 W 1600 N Apt B1
 Layton, UT 84041

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
 Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 25 Priority creditor's name and mailing address\$ \$1,347.89\$ \$1,347.89

Fernandez, Samaria
 1015 S 550 W
 Tremonton, UT 84337

Date or dates debt was incurred
3/27/27

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
 Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Unpaid wages and employer benefit contributions (IRA/HSA) through 2025

Is the claim subject to offset?

- ☒ No
☐ Yes

2. 26 Priority creditor's name and mailing address\$ \$1,300.99\$ \$1,300.99

Finger, Amanda
 231 W 12th St APT 228
 Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
 Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☐ ☒
☐ Yes

2. 27 Priority creditor's name and mailing address\$ \$1,182.97\$ \$1,182.97

Gasu, Cassidy
 1784 N 350 W
 Layton, UT 84041

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
 Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

28 Priority creditor's name and mailing address \$2,599.62 \$2,599.62

Gordon, Paige
2620 N Commerce Ave
Cedar City, UT 46 84721

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages and employer benefit contributions
(IRA/HSA) through 2025

Is the claim subject to offset?

- ☒ No
☐ Yes

29 Priority creditor's name and mailing address \$1,582.18 \$1,582.18

Grey, Kayden
427 27th St, Unit 2
Ogden, UT 84401

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

30 Priority creditor's name and mailing address \$1,270.39 \$1,270.39

Gutierrez, Diana
1672 S 225 W
Clearfield, UT 84015

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

31 Priority creditor's name and mailing address \$3109.6 \$3109.6

Hansen, Kyler
510 W 550 N
Logan, UT 84321

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: unpaid pre-petition IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.32 Priority creditor's name and mailing address

\$ \$6,230.40\$ \$6,230.40

Heiner, Jennifer
 1022 Collins Blvd
 Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages and employer benefit contributions
 (IRA/HSA) through 2025

Is the claim subject to offset?

- ☒ No
☐ Yes

2.33 Priority creditor's name and mailing address

\$ \$1,091.17\$ \$1,091.17

Hess, Thomas
 1672 S 225 W
 Clearfield, UT 84015

Date or dates debt was incurred

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.34 Priority creditor's name and mailing address

\$ \$1,562.50\$ \$1,562.50

Hoffman, Stephanie
 4111 W 25 N
 Cedar City, UT 84720

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.35 Priority creditor's name and mailing address

\$ \$1,428.41\$ \$1,428.41

Holguin, Alyssa
 2370 S 500 W
 Clearfield, UT 84015

Date or dates debt was incurred
3/27/25

Last 4 digits of account
 number _____

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
 unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

236 Priority creditor's name and mailing address

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Date or dates debt was incurred

Q1 for 2025

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

Estimated Q1 2025 federal employment taxes (Form 941) – wages earned pre-petition

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 200,000

\$ 200,000

237 Priority creditor's name and mailing address

Jeppesen, Michelle

1921 W 550 N

West Point, UT 84015

Date or dates debt was incurred

12/31/24

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid IRA payment

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 1500

\$ 1500

238 Priority creditor's name and mailing address

Johnson, Sarah

740 Plummer Rd NW Apt 12017

Huntsville Al, 35806

Date or dates debt was incurred

3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 1,562.50

\$ 1,562.50

239 Priority creditor's name and mailing address

Johnson, Elizabeth

1921 W 550 N

West Point, UT 84015

Date or dates debt was incurred

12/31/24

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 1080

\$ 1080

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

40 Priority creditor's name and mailing address

\$1,502.46

\$1,502.46

Laiez, Giselle

2370 S 500 W
Clearfield, UT 84015

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

41 Priority creditor's name and mailing address

\$963.67

\$963.67

Loertscher, Angela

2583 Remuda Dr
Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

242 Priority creditor's name and mailing address

\$1,025.01

\$1,025.01

Madrigal Garcia, Maura

1065 Wall Ave, Trir 111
Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

243 Priority creditor's name and mailing address

\$1,136.61

\$1,136.61

Martinez, Herlinda

2270 S 1100 W Apt A114
Ogden, UT 84404

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

244 Priority creditor's name and mailing address

\$ \$1,179.02 \$ \$1,179.02

Martinez, Sara

8620 W Bowie Dr

Magna, Dr 84044

Date or dates debt was incurred

3/27/25Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

245 Priority creditor's name and mailing address

\$ 2081.88 \$ 2081.88

Maughan Jessa

4285 N. Thanksgiving Way

Lehi, UT 84043

Date or dates debt was incurred

12/31/24Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

246 Priority creditor's name and mailing address

\$ \$1,003.02 \$ \$1,003.02

Mcclure, Kaia

3566 Brookshire Dr

Syracuse, UT 84075

Date or dates debt was incurred

3/27/25Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

247 Priority creditor's name and mailing address

\$ \$897.88 \$ \$897.88

McCully, Lacey

236 N Harrison Blvd

Ogden, UT 84404

Date or dates debt was incurred

3/27/25Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2-48 Priority creditor's name and mailing address \$1,369.31 \$1,369.31

Mick, Ryan

314 E 38th St

Ogden, UT 84405

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2-49 Priority creditor's name and mailing address \$817.63 \$817.63

Milosevic, Cassie

165 Patterson St

Ogden, UT 84401

Date or dates debt was incurred

3/25/27

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2-50 Priority creditor's name and mailing address \$1,368.00 \$1,368.00

Mojica, Raquel

1168 W 2250 N

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2-51 Priority creditor's name and mailing address \$30,264.82 \$15,114.82

Morgan, Jalan

20 Hurricane Aly

Benson, NC 27504

Date or dates debt was incurred

1/8/25 payroll, and Q1 of 2025

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages and IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

252 Priority creditor's name and mailing address

\$1,438.61

\$1,438.61

Owens, Teriann

174 E Gordon Ave

Layton, UT 84041

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

253 Priority creditor's name and mailing address

\$8,131.17

\$8,131.17

Padalkar, Sarang Suhas

6701 S Custer Rd Apt 6115

Mckinney TX, 75070

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Unpaid wages and employer benefit contributions
(IRA) through 2025

Is the claim subject to offset?

- ☒ No
☐ Yes

254 Priority creditor's name and mailing address

\$2,910.72

\$2,910.72

Parkinson, Keegan

3474 Adams Ave

Ogden, UT 84403

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages and missing IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

255 Priority creditor's name and mailing address

\$662.98

\$662.98

Pattison, Abigail

188 N 4875 W

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

256 Priority creditor's name and mailing address

\$ \$1,307.33

\$ \$1,307.33

Peck, Tabatha

2437 N Charleston Ave

Ogden, UT 84414

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

257 Priority creditor's name and mailing address

\$ \$1,157.80

\$ \$1,157.80

Rankin, Hope

446 30th St

Ogden, UT 84404

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

258 Priority creditor's name and mailing address

\$ 30,000

\$

Regence BlueCross BlueShield

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid employee medical

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

March 2025

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

259 Priority creditor's name and mailing address

\$ 15903.84

\$ 753.84

Reynolds, Simeon

1318 23Rd St

Ogden, UT 84401

Date or dates debt was incurred

Q4 of 2024 & Jan 2025

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid IRA paymnets

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

260 Priority creditor's name and mailing address

\$ \$1,300.03

\$ \$1,300.03

Rigby, Mary

1983 N 325 W

Harrisville, UT 84414

Date or dates debt was incurred

3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

261 Priority creditor's name and mailing address

\$ \$9,265.90

\$ \$9,265.90

Rivera, Nicole

1336 West 2000 North

Clinton, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition and IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

262 Priority creditor's name and mailing address

\$ \$2,708.60

\$ \$2,708.60

Rojas, Gwendalyn

102 E 2200 S

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages and IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

263 Priority creditor's name and mailing address

\$ \$2,923.51

\$ \$2,923.51

Rojas, Jennifer

1672 S 225 W

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages and IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

264 Priority creditor's name and mailing address

\$ \$3,015.55

\$ \$3,015.55

Romero, Shalees
413 North 700 West
Clearfield, UT 85015

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages and IRA payments

Is the claim subject to offset?

- ☒ No
☐ Yes

265 Priority creditor's name and mailing address

\$ \$1,409.91

\$ \$1,409.91

Roper, Samantha
1745 E 5650 S
Ogden, UT 84403

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

266 Priority creditor's name and mailing address

\$ \$1,618.34

\$ \$1,618.34

Routson, Anna
1353 Cahoon St
Ogden, UT 84401

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

267 Priority creditor's name and mailing address

\$ \$1,404.23

\$ \$1,404.23

Schryver, Amanda
1459 E 2800 N
Layton, UT 84401

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2-68 Priority creditor's name and mailing address \$1,317.26 \$1,317.26

Shaughnessy, Lincon
796 Kirk St
Layton, UT 84041

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2-69 Priority creditor's name and mailing address \$1,129.42 \$1,129.42

Sieverts, Emily
840 28th St
Ogden, UT 84403

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2-70 Priority creditor's name and mailing address \$1,244.23 \$1,244.23

Silos, Levi
3059 Ogden Ave
Ogden, UT 84401

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2-71 Priority creditor's name and mailing address \$1500 \$1500

Smith, Jacqueline
1041 E 3300 N
North Ogden, UT 84414

Date or dates debt was incurred
3/27/25

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$1500 \$1500
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

272 Priority creditor's name and mailing address

\$ 829.98

\$ 829.98

Vaughn, Abigail
3647 S 1930 W, Unit 48
Roy, UT 84067

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/27/25

Basis for the claim:

Unpaid pre-petition wages

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

273 Priority creditor's name and mailing address

\$ 600

\$ 600

Vezzani, Timothy
132 S. Dry Creek Lane
Orem UT, 84059

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/8/25

Basis for the claim:

Unpaid pre-petition HSA payment

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

274 Priority creditor's name and mailing address

\$ 2,256.38

\$ 2,256.38

Vigil, Keri
1124 W 450 N
Clearfield, UT 84015

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/27/25

Basis for the claim:

Unpaid pre-petition wages & IRA payments

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

275 Priority creditor's name and mailing address

\$ 3500

\$ 3500

Vision Insurance
Ameritas Life Insurance Corp
PO BOX 650730 Dallas TX, 75265-0730

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred

Q1 of 2025

Basis for the claim:

Unpaid pre-petition vision employee benefit

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.76 Priority creditor's name and mailing address

\$ \$998.81

\$ \$998.81

Wagner, Mallory

1300 S 1800 E Apt C207

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.77 Priority creditor's name and mailing address

\$ \$1,460.60

\$ \$1,460.60

Walker, Emily

153 W 750 N

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.78 Priority creditor's name and mailing address

\$ \$1,264.70

\$ \$1,264.70

Walters, Alexis

1550 S 1000 E

Clearfield, UT 84015

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.79 Priority creditor's name and mailing address

\$ \$1,378.76

\$ \$1,378.76

Woodruff, Korrie

1614 N 450 E

Ogden, UT 84404

Date or dates debt was incurred

3/27/25

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Unpaid pre-petition wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

<p>2_ <u>80</u> Priority creditor's name and mailing address</p> <p>Zieber, Isabel 117 S 100 W Cedar City, UT 84720</p> <p>Date or dates debt was incurred <u>3/27/25</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>5</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Unpaid pre-petition wages</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>\$1,328.53</u></p> <p>\$ <u>\$1,328.53</u></p>
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<p>2_ <u>81</u> Priority creditor's name and mailing address</p> <p>Texas Workforce Commission Tax Department PO BOX 8870 Corpus Christi TX 78468-8870</p> <p>Date or dates debt was incurred <u>Dec 2024</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: unpaid state employment taxes</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>540.05</u></p> <p>\$ _____</p>
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<p>2_ Priority creditor's name and mailing address</p> <p>_____ _____ _____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>\$ _____</p>
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<p>2_ Priority creditor's name and mailing address</p> <p>_____ _____ _____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>\$ _____</p>
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Amazon PO Box 81226 Seattle, WA 98108-1226 Date or dates debt was incurred 11/1/24 - 3/1/25 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$9,390.85 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid product and supply purchases Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Blomquist Hale Consulting Group, Inc. 310 E 4500 S STE #570 Murray, UT 84107 Date or dates debt was incurred Feb 2025, January 2025, August 2024, April 2024, March 2024, Feb 2024, Last 4 digits of account number _____	As of the petition filing date, the claim is: \$2,693.30 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid employee support and consulting services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Capital Premium-Mtn Ridge Insurance 12235 S. 800 E. Draper, UT 84020 Date or dates debt was incurred Q1 2025 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$4435.84 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid commercial cyber insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address JMI Property Services 335 East St. George Blvd Ste 301 St. George Utah 84770 Date or dates debt was incurred Sep 2024 to March 2025 Last 4 digits of account number _____	As of the petition filing date, the claim is: 12,000 Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid commercial rent for business location Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Comcast Corporation PO BOX 70219 Philadelphia PA 19176-0219 Date or dates debt was incurred unknown Last 4 digits of account number 6 0 0 9	As of the petition filing date, the claim is: \$13818.24 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid internet and business services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address EOS 5005 Lyndon B Johnson Fwy Dallas, TX 75244 Date or dates debt was incurred Jan & Feb 2025 Last 4 digits of account number _____	As of the petition filing date, the claim is: \$694.66 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid employee benefit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Google Ads and Cloud 1600 Amphitheatre Parkway Mountain View CA 94043	As of the petition filing date, the claim is: \$1276.45 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed
	Date or dates debt was incurred Jan 2025 Last 4 digits of account number	Basis for the claim: Unpaid google ads digital advertising services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address John T. Szalan / Cucumber 195 Church Street, 13th Floor, New Haven, CT 06510	As of the petition filing date, the claim is: \$8400 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 2204 Last 4 digits of account number	Basis for the claim: loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Meta San Francisco, CA 94104 United States of America	As of the petition filing date, the claim is: \$15079.55 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred Oct 2024-March 2025 Last 4 digits of account number	Basis for the claim: Outstanding balance on Meta business credit line Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address NEC FINANCIAL SERVICES, LLC P.O. BOX 100558 PASADENA, CA, 911890558	As of the petition filing date, the claim is: \$28000 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred August 2023 Last 4 digits of account number	Basis for the claim: Unpaid equipment financing lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Northwestern Mutual 805 East Mason Street Milwaukee, WI 53202	As of the petition filing date, the claim is: \$2299.16 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred Jan, Feb, March 2025 Last 4 digits of account number	Basis for the claim: Unpaid insurance for short term disability Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 12	Nonpriority creditor's name and mailing address Paycore 4811 Montgomery Rd. Cincinnati, Ohio 45212	As of the petition filing date, the claim is: \$2472.45 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed
	Date or dates debt was incurred Jan & March 2025 Last 4 digits of account number _____	Basis for the claim: Unpaid payroll processing services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address Robison Waste 2719 N. FAIRFIELD ROAD LAYTON, UT 84041	As of the petition filing date, the claim is: \$513.06 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Unpaid commercial waste removal services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3. 14	Nonpriority creditor's name and mailing address Towne Storage Clearfield 280 S State Street Clearfield, UT 84015	As of the petition filing date, the claim is: \$411.8 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred Jan, Feb, March 2025 Last 4 digits of account number _____	Basis for the claim: Unpaid storage unit fees for storing cubicles Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. 15	Nonpriority creditor's name and mailing address Twilio Inc 101 Spear Street, Suite 500 San Fransisco CA 94105	As of the petition filing date, the claim is: \$14,170.84 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred Jan, Feb, March 2025 Last 4 digits of account number _____	Basis for the claim: Unpaid communications and messaging services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. 16	Nonpriority creditor's name and mailing address VASA 1259 S. 800 E. Orem Utah 84097	As of the petition filing date, the claim is: \$237.06 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred Jan 2025 Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address Zions Bank Outsource Receivables Management PO BOX 166 Ogden Ut 84402	As of the petition filing date, the claim is: <u>\$951.44</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed
	Date or dates debt was incurred <u>Jan 2025</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Business account overdraft sent to collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Zions Bank 1 South Main St Salt Lake City UT 84133-1109	As of the petition filing date, the claim is: <u>\$415,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred <u>07/27/24</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>"Funds from HELOC used for business operations – insider obligation"</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Hanover Insurance PO Box 580045 Charlotte, NC 28258-0045	As of the petition filing date, the claim is: <u>\$3334.40</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Past due BOP and workers comp insurance</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Hartford Insurance One Hartford Plaza Hartford, CT 06155	As of the petition filing date, the claim is: <u>1088</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>past due life insurance</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u>\$ </u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21	Nonpriority creditor's name and mailing address American Express P.O. Box 981531 El Paso TX 79998-1531	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 85,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit card for running business operations Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Chase Credit Card Mail Code LA4-7200, 700 Kansas Lane, Monroe, LA 71203.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Credit card for running business operations Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Newity PO Box 171679 Boston MA 02117	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 150,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Ramp 28 West 23rd St. New York, NY 10010	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: past due life insurance Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address Finally 78 SW 7th Street Miami FL 33130	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 80,000
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.26	Nonpriority creditor's name and mailing address Bill 5805 Sepulveda Blvd, 4th Fl Sherman Oaks, CA 91411	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 75,000
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Business account overdraft sent to collections Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Barket Epstein 666 Old Country Road, Suite 700 Garden City NY 11530	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 30,000
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: past due life insurance Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:

List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 418,822.80

5b. Total claims from Part 2

5b.

+

\$ 991,267.10

5c. Total of Parts 1 and 2

5c.

\$ 1,410,089.90

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Jill's Office

Debtor name _____

United States Bankruptcy Court for the: _____ District of Utah

(State)

Case number (If known): 25-21625 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Business rental lease To conduct operations 9/1/28	Boyer Corporate Office 101 S. 200 E. Ste 200 Salt Lake City, UT 84111
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Business rental lease To conduct operations Ends August 2027	JMI Property Services 335 East St. George Blvd Ste 301 St. George Utah 84770
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	BOP Insurance policy holder month to month	Hanover Insurance Company 440 Lincoln Street Worcester, MA 01653
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Workers Comp Insurance policy holder month to month	Hanover Insurance Company 440 Lincoln Street Worcester, MA 01653
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Simple IRA Account Policy holder month to month	Northwestern Mutual Life Insurance Company 720 E Wisconsin Ave Milwaukee, WI, 53202-4703, US

Debtor

Jill's Office, LLC
Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	Employee Life Insurance Policy Holder	Hartford One Hartford Plaza Hartford, CT 06155
	State the term remaining	month to month	
	List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	Cyber Policy Policy holder	Capital Premium Insurance 12235 South 800 East Draper, UT 84020
	State the term remaining	month to month	
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	Dental Insurance Policy Holder	Ameritas PO BOX 81889 Lincoln, NE 68501-1889
	State the term remaining	month to month	
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	Vision Insurance Policy holder	Ameritas PO BOX 81889 Lincoln, NE 68501
	State the term remaining	month to month	
	List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	Medical Insurance Policyholder responsible for coverage	Regence BlueCross BlueShield P.O. Box 1106 Lewiston, ID 83501
	State the term remaining	Month to month	
	List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	Venue rental agreement with The Copper Nickel for company event Renter, with event rescheduled as of petition date	The Copper Nickel 2450 Grant Avenue Ogden, UT 84401
	State the term remaining	One-time use agreement, post-poned	
	List the contract number of any government contract		
2.	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Jill's Office LLC

United States Bankruptcy Court for the: _____ District of Utah
(State)

Case number (If known): 25-21625

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		Federal employment taxes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		Zions Loan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		SBA loan	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		NEC Financial	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		Chase Bank	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Autumn Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code		CFT Clear Finance Technology Group	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC

Case number (if known) 25-21625

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Samson Funding/ Berkovitch</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Capital Assist</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>ClearCo</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Daytona Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Elite Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Barket Epstein</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Highland Hills</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Kings Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

Case number (if known)

25-21625

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.15 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>LevelEx Funding</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Novac/Galt</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>American Express</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Premium Merchant Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Smart Business</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>The Boyer Company</u>	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.21 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Stripe</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Newity</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ²³ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>On Deck</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁴ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>FundBox</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁵ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Finally</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁶ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Bill</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁷ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Emily Bateman</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁸ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Heather Brinker</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ²⁹ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Kristi Brower</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ³⁰ <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Jadan Bybee</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
31 2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Holly Card</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Cynthia Diaz</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Paige Gordon</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Kyler Hansen</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Jennifer Heiner</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Michelle Jeppesen</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Elizabeth Johnson</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Jessa Maughan</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC

Case number (if known) 25-21625

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Keegan Parkinson</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.40 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Simeon Reynolds</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.41 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Nicole Rivera</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.42 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Gwendalyn Rojas</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.43 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Jennifer Rojas</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.44 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Shalees Romero</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.45 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Kerilin Vigil</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.46 <u>Autumn Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Jalen Morgan</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC

Case number (if known) 25-21625

Name

Additional Page if Debtor Has More Codebtors

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ⁴⁷ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Federal employment Taxes</u>	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁴⁸ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Zions Loan</u>	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁴⁹ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>SBA Loan</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁵⁰ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>NEC Financial</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁵¹ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Chase Bank</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁵² <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>CFT Clear Finance Technology Group</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁵³ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Samson Funding/Berkovitch</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁵⁴ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Capital Assist</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Codebtors

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
55 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>ClearClo</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
56 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Daytona Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
57 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Elite Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
58 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Barket Epstein</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
59 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Highland Hills</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
60 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Kings Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
61 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>LevelEx Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
62 2. <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Novac/Galt</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	

Debtor

Jills Office LLC
Name25-21625
Case number (if known)**Additional Page if Debtor Has More Codebtors**

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. ⁶³ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>American Express</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁴ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Premium Merchant Funding</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁵ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Smart Business</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁶ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>The Boyer Company</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁷ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Stripe</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁸ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>Newity</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁶⁹ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>On Deck</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. ⁷⁰ <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code	<u>FundBox</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC

Case number (if known) 25-21625

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2. <u>71</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Finally</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>72</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Bill</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
73 2. <u>73</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Emily Bateman</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>74</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Heather Brinker</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>75</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Kristi Brower</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
76 2. <u>76</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Jadan Bybee</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>77</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Holly Card</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
78 2. <u>78</u> <u>Brant Thurgood</u>	<u>1054 Grants Lane</u> Street <u>Syracuse</u> <u>UT</u> <u>84075</u> City State ZIP Code		<u>Cynthia Diaz</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name25-21625
Case number (if known)**Additional Page if Debtor Has More Codebtors**

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
79 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Paige Gordon	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
80 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Kyler Hansen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
81 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Jennifer Heiner	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
82 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Michelle Jeppesen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
83 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Elizabeth Johnson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
84 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Jessa Maughan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
85 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Keegan Parkinson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
86 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Simeon Reynolds	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

Case number (if known) 25-21625

Additional Page if Debtor Has More Codebtors

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
287 Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Nicole Rivera	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
288 Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Gwendalyn Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
89 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Jennifer Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
290 Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Shalees Romero	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
291 Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Kerilin Vigil	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
92 2. Brant Thurgood	1054 Grants Lane Street Syracuse UT 84075 City State ZIP Code	Jalen Morgan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
293 Alan Thurgood	1889 S. 910 W Unit B Street Syracuse UT 84075 City State ZIP Code	Zions	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
294 Thurgood Creamery	2432 W. 1700 S. Street Syracuse UT 84075 City State ZIP Code	Daytona Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2 ⁹⁵ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Federal Employment Taxes	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ⁹⁶ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Emily Bateman	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ⁹⁷ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Heather Brinker	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2 ⁹⁸ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Kristi Brower	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ⁹⁹ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jadan Bybee	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ¹⁰⁰ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Holly Card	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ¹⁰¹ Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Cynthia Diaz	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2 ¹⁰² Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Paige Gordon	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC
Name

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
103 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Kyler Hansen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
104 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jennifer heiner	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. Rob Phelps	Street 3888 S 4000 W State ZIP Code	Michelle Jeppesen	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
106 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Elizabeth Johnson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
107 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jessa Maughan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
108 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Keegan Parkinson	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
109 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Simeon Reynolds	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
110 2. Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Nicole Rivera	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Jills Office LLC

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.111 Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Gwendalyn Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.112 Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jennifer Rojas	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.113 Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Shalees Romero	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.114 Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Kerilin Virgil	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.115 Rob Phelps	3888 S 4000 W Street Wellsville, UT 84339 City State ZIP Code	Jalen Morgan	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2._____ _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Jill's Office LLC
 United States Bankruptcy Court for the: _____ District of Utah
 (State)
 Case number (if known): 25-21625

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>\$1,247,577.42</u>
For prior year:	From <u>01/01/2024</u> to <u>12/31/2024</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>\$6,812,612.12</u>
For the year before that:	From <u>01/01/2023</u> to <u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>\$6,569,316.20</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ to Filing date MM / DD / YYYY	_____	\$ _____
For prior year:	From _____ to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ to _____ MM / DD / YYYY	_____	\$ _____

Jill's Office LLC

Debtor

Name

Case number (if known) 25-21625

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Twilio <small>Creditor's name</small> 101 Spear Street, Suite 500 <small>Street</small> San Francisco, CA 94105 <small>City State ZIP Code</small>	3/10/25	\$ 10,000	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Regence BlueCross Blue Shield of Utah <small>Creditor's name</small> PO BOX 2597 97208-2597 <small>Street</small> Portland, OR 97208-2597 <small>City State ZIP Code</small>	2/12/25 2/19/25	\$ 57,578.49	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

See additional pages attached.

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None See additional pages attached

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <small>Insider's name</small> <small>Street</small> <small>City State ZIP Code</small>		\$	
<small>Relationship to debtor</small>			
4.2. <small>Insider's name</small> <small>Street</small> <small>City State ZIP Code</small>		\$	
<small>Relationship to debtor</small>			

Jill's Office LLC

Debtor

Name

Case number (if known) 25-21625

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.



None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.2. Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.



None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.



None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Jill's Office**

Name

Case number (if known) **25-21625****8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.



None

Custodian's name and address	Description of the property	Value
<div>Custodian's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>\$</div> <div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <div>Box Elder School District</div> <div>Recipient's name</div> <div>960 South Main Street</div> <div>Street</div> <div>Brigham City, UT 84302</div> <div>City State ZIP Code</div>	<div>\$1,000 contribution to school district</div> <div></div>	<div>Dec 2024</div> <div></div>	<div>\$1,000</div> <div></div>
9.2. <div>Lil Gift From Above</div> <div>Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div>Christmas charity raffle-cash donation</div> <div></div>	<div>For Dec 2023, given 2024</div> <div></div>	<div>\$2500</div> <div></div>
<div>Recipient's relationship to debtor</div> <div>Member Manager Sister</div>			
<div>Recipient's relationship to debtor</div> <div>Employees Sister</div>			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
<div>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</div> <div>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</div>			
			\$

Debtor Jill's Office LLC

Name

Case number (if known) 25-21625**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Workman Nydegger/Ted Cundick</u>		<u>3/21/25</u>	\$ <u>25,000</u>
Address <u>60 E. South Temple</u> <small>Street</small> <u>Suite 1000</u> <u>Salt Lake City, UT 84111</u> <small>City State ZIP Code</small>			
Email or website address <u>tcundick@wnlaw.com</u>			
Who made the payment, if not debtor? _____			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. <u>Barket Epstein</u>		<u>2/12/25</u> <u>2/13/25</u> <u>3/5/25</u>	\$ <u>30,000</u>
Address <u>666 Old Country Road, Suite 700</u> <small>Street</small> <u>Garden City NY 11530</u> <small>City State ZIP Code</small>			
Email or website address <u>ltyras@barketepstein.com</u>			
Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee	_____		

Debtor Jill's Office, LLC Case number (if known) 25-21625
Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	Jill's Office	Sale of 25% of Jills Office to Rob Phelps	11/1/23	\$ 750,000
	Address 960 W. White Drive <small>Street</small> Ogden UT 84401 <small>City State ZIP Code</small>			
	Relationship to debtor _____			
13.2.				\$ _____
	Address _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>			
	Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
14.1.	129 S. State Street	From 06/01/2018	To 06/01/23
	Clearfield UT 84075 <small>City State ZIP Code</small>		
14.2.		From _____	To _____
	_____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>		

Jill's Office LLC

25-21625

Debtor

Name

Case number (if known)

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?



No. Go to Part 9.



Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

No.



Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No

Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

Yes. Fill in below:

Name of plan

Employer identification number of the plan

Simple IRA Retirement Plan

EIN: 4 7 _ 1 3 8 4 8 0 0

Has the plan been terminated?



No

☐ Yes

Debtor

Jill's Office

Name

Case number (if known) 25-21625

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Glacier Bank Name 690 State St Street Clearfield, UT 84015 City State ZIP Code	XXXX- <u>9</u> <u>0</u> <u>0</u> <u>1</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>1/16/25</u>	\$ <u>0.00</u>
18.2.	Glacier Bank Name 690 State St Street Clearfield, UT 84015 City State ZIP Code	XXXX- <u>7</u> <u>2</u> <u>5</u> <u>8</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>1/16/25</u>	\$ <u>.33</u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	 Address 	 	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Towne-Storage Clearfield Name 280 State St Street Clearfield, UT 84015 City State ZIP Code	Brant and Autumn Thurgood Address 	Cubicles 	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor Jill's Office, LLC

Case number (if known) 25-21625

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Jill's Office, LLC Case number (if known) 25-21625
Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____

Debtor Jill's Office, LLC Case number (if known) 25-21625
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>HolyOak and Compnay</u> <small>Name</small> <u>1396 W 200 S St</u> <small>Street</small> <u>Lindon</u> <u>UT</u> <u>84042</u> <small>City State ZIP Code</small>	From _____ To <u>2024</u>

Name and address	Dates of service
26a.2. _____ <small>Name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>HolyOak and Compnay</u> <small>Name</small> <u>1396 W 200 S St</u> <small>Street</small> <u>Lindon</u> <u>UT</u> <u>84042</u> <small>City State ZIP Code</small>	From _____ To _____

Name and address	Dates of service
26b.2. _____ <small>Name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Holyoak and Company</u> <small>Name</small> <u>1396 W 200 S St</u> <small>Street</small> <u>Lindon</u> <u>UT</u> <small>City State ZIP Code</small>	_____ _____ _____

Debtor Jill's Office, LLC Case number (if known) 25-21625
 Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Rob Phelps
 Name _____
 Street 3888 S 4000 W
 City Wellsville, State UT ZIP Code 84339

Name and address

26d.2.

Samson Funding
 Name _____
 Street 1545 Route 202 Suite 101 Pomona NY 10970
 City Pomona State NY ZIP Code 10970

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name _____
 Street _____
 City _____ State _____ ZIP Code _____

Debtor Jill's Office, LLC Case number (if known) 25-21625
 Name _____

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Brant Thurgood	1054 Grants Lane, Syracuse UT 84015	Member Manager	37.5%
Autumn Thurgood	1054 Grants Lane, Syracuse UT 84015	Member Manager	37.5%
Rob Phelps	3888 S 4000 W Wellsville, UT 84339	Member Manager	25%
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below. See attached.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor

Debtor Jill's Office, LLC Case number (if known) 25-21625
Name

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

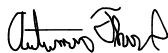
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/15/2025
MM / DD / YYYY

x 

Printed name Autumn Thurgood

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Member Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Jill's Office, LLC, 25-21625

Supplement to Statement of Financial Affairs

Part 2. Transfers made before bankruptcy

3.

3.3 American Express

P.O. Box 981531 El Paso TX 79998-1531

12/30/2024	Amex	12,000.00
12/30/2024	Amex	5,000.00
12/30/2024	Amex	1,500.00
2/5/2025	Amex	1,000.00
12/27/2024	Amex	2,500.00
	Amex Total	22,000.00

3.4 Chase Credit Card

Cardmember Services, P.O. Box 6294, Carol Stream, IL 60197-6294

2/26/2025	Chase CC	151.00
1/13/2025	Chase CC	5,000.00
1/15/2025	Chase CC	7,566.63
1/7/2025	Chase CC	10,000.00
	Chase CC Total	22,717.63

3.5 Samson

1545 Route 202 Suite 101 Pomona NY 10970

02/13/25	-10,000.00
02/20/25	-10,000.00
03/05/25	-10,000.00
12/27/24	-9,756.82

Total Paid: \$39,756.82

3.6 Fundbox

5760 Legacy Drive Suite B3-535 Plano Texas 75024

12/27/24	-3,905.29
----------	-----------

Total Paid: \$3905.29

3.7Cucumber Capital

100 Cedarhurst Ave, Cedarhurst, New York 11516, US

12/27/24	-3,997.34
12/30/24	-3,997.34
12/31/24	-3,997.34
01/08/25	-3,997.34
Total	-15,989.36

3.8 Key Capital

01/10/25	-2,498.00
01/13/25	-2,498.00
01/14/25	-2,498.00
01/15/25	-2,498.00
01/16/25	-2,498.00
01/17/25	-2,498.00
01/17/25	-2,498.00
01/17/25	-1,000.00
01/21/25	-2,498.00
01/22/25	-2,498.00
01/23/25	-55,000.00
01/24/25	-2,000.00
01/27/25	-2,564.00
Total	-83,046.00

3.9 Clearco

33 Yonge Street, Suite 1302, Toronto ON, M5E 1G4, Canada

12/27/24	-1,126.16
12/30/24	-515.78
12/30/24	-231.61
01/06/25	-515.78
01/06/25	-515.78

01/06/25	-231.61
01/07/25	-1,126.16
01/08/25	-1,848.86
01/08/25	-938.47
01/08/25	-938.47
01/08/25	-610
01/08/25	-610
01/08/25	-493.73
01/08/25	-479.65
01/08/25	-479.65
01/08/25	-469.24
01/08/25	-83.13
01/08/25	-83.13
01/10/25	-1,126.16
01/13/25	-515.78
01/13/25	-231.61
01/15/25	-938.47
01/15/25	-610
01/15/25	-479.65
01/15/25	-83.13
01/16/25	-1,848.86
01/16/25	-493.73
01/16/25	-469.24
01/17/25	-1,126.16
01/21/25	-515.78
01/21/25	-231.61
01/28/25	-938.47
01/28/25	-610

01/28/25	-515.78
01/28/25	-493.73
01/28/25	-479.75
01/28/25	-469.24
01/28/25	-231.61
01/28/25	-83.13
01/29/25	-1,848.86
01/29/25	-1,126.16
01/29/25	-938.47
01/29/25	-610
01/29/25	-479.65
01/29/25	-83.13
02/20/25	-2,757.65
02/20/25	-1,242.35
03/03/25	-4,000.00
03/06/25	-4,000.00
3/13/25	-958.08
Total	-41,833.45

3.10 Hastings Capital

12/27/24	-1,499.00
01/16/25	-1,499.00
01/30/25	-1,499.00
02/05/25	-18,000.00
02/13/25	-1,000.00
02/14/25	-1,000.00
02/18/25	-1,000.00
02/19/25	-1,000.00

02/20/25	-1,000.00
02/21/25	-1,000.00
02/24/25	-1,000.00
02/25/25	-1,000.00
02/26/25	-1,000.00
02/27/25	-967
total	-32,464.00

3.11 Levellex

01/06/25	-22,666.66
01/08/25	-25,000.00
01/15/25	-7,000.00
01/27/25	-10,000.00
02/03/25	-6,250.00
02/06/25	-6,250.00
02/10/25	-6,250.00
02/24/25	-10,000.00
03/04/25	-6,250.00
Total	-99,666.66

3.12 Highland Hill

86 Chambers Street, Suite 205 NY, NY 10007

12/27/24	-5,399.00
12/30/24	-5,399.00
12/31/24	-5,399.00
12/31/24	-4,996.67
01/03/25	-5,399.00
01/06/25	-5,399.00
01/07/25	-5,399.00

01/07/25	-4,996.67
01/08/25	-5,399.00
01/10/25	-5,399.00
01/13/25	-5,399.00
01/14/25	-5,399.00
01/14/25	-4,996.67
01/15/25	-5,399.00
01/16/25	-10,395.67
01/16/25	-5,399.00
01/17/25	-5,399.00
01/21/25	-5,399.00
01/21/25	-4,996.67
01/22/25	-5,399.00
01/24/25	-5,399.00
01/29/25	-9,000.00
02/03/25	-9,000.00
02/10/25	-9,000.00
02/18/25	-9,000.00
02/24/25	-9,000.00
03/03/25	-9,000.00
3/14/25	-9,000.00
03/21/25	-9,000.00
total	-188,766.35

3.13 Smart Business

3111 N. University Drive Suite 702 Coral Springs FL 33065

02/05/25	-20,000.00
01/07/25	-11,618.00
01/07/25	-11,618.00

02/12/25	-11,618.00
02/21/25	-11,618.00
02/21/25	-2,500.00
3/7/25	-2,323.60
total	-71,295.60

3.14 Capital Assist

323 Sunny Isles Blvd STE 503, Sunny Isles Beach FL 33160

01/02/25	-6,949.92
01/03/25	-2,316.64
01/06/25	-2,316.64
01/07/25	-2,316.64
01/15/25	-4,633.28
01/27/25	-1,000.00
01/28/25	-1,000.00
02/06/25	-2,000.00
02/07/25	-1,000.00
02/10/25	-2,000.00
02/14/25	-2,000.00
02/19/25	-1,500.00
02/20/25	-1,500.00
02/21/25	-1,500.00
02/24/25	-1,500.00
02/25/25	-1,500.00
02/26/25	-1,500.00
02/27/25	-1,500.00
02/28/25	-1,500.00
03/03/25	-1,500.00
03/04/25	-1,500.00

03/05/25	-1,500.00
03/06/25	-1,500.00
3/7/25	-1,500.00
3/7/25	-1,500.00
3/14/25	-1,500.00
total	-50,033.12

3.15 Galt funding

1 SE 3rd Avenue, Miami FL 33131

01/30/25	-2,750.00
02/25/25	-500
02/26/25	-500
02/27/25	-500
02/28/25	-500
03/03/25	-500
03/04/25	-500
03/05/25	-500
03/05/25	-500
03/06/25	-500
3/7/25	-500.00
3/10/25	-500.00
3/11/25	-500.00
3/12/25	-500.00
3/13/25	-500.00
3/14/25	-500.00
3/19/25	-500.00
3/20/25	-500.00
3/21/25	-500.00
total	-11,750.00

3.16 Elite Funding

500 W Putnam Avenue Suite 400, Greenwich CT

02/08/25	-5,000.00
01/17/25	-3,818.18
01/21/25	-3,818.18
01/22/25	-3,818.18
01/24/25	-3,818.18
01/28/25	-3,818.18
01/29/25	-3,818.18
01/30/25	-3,818.18
02/19/25	-3,818.18
02/20/25	-3,818.18
02/21/25	-3,818.18
02/24/25	-3,818.18
02/25/25	-3,818.18
02/26/25	-3,818.18
02/27/25	-3,818.18
03/03/25	-3,818.18
03/05/25	-3,818.18
03/06/25	-3,818.18
02/05/25	-2,500.00
02/06/25	-2,500.00
02/07/25	-2,500.00
02/10/25	-2,500.00
02/11/25	-2,500.00
02/12/25	-2,500.00
02/13/25	-2,500.00

02/14/25	-2,500.00
02/14/25	-2,500.00
02/18/25	-2,500.00
12/27/24	-2,498.33
12/30/24	-2,498.33
12/31/24	-2,498.33
12/31/24	-2,498.33
01/03/25	-2,498.33
01/06/25	-2,498.33
01/07/25	-2,498.33
01/08/25	-2,498.33
01/10/25	-2,498.33
01/13/25	-2,498.33
01/14/25	-2,498.33
01/15/25	-2,498.33
01/16/25	-2,498.33
total	-127,387.35

3.17 Daytona Funding

266 Broadway STE 401, Brooklyn NY

02/03/25	-6,000.00
01/28/25	-3,230.68
02/06/25	-2,500.00
02/06/25	-2,500.00
02/07/25	-2,500.00
02/10/25	-2,500.00
02/11/25	-2,500.00
02/12/25	-2,500.00

02/13/25	-2,500.00
02/14/25	-2,500.00
02/18/25	-2,500.00
02/19/25	-2,500.00
02/20/25	-2,500.00
02/21/25	-2,500.00
02/21/25	-2,500.00
02/24/25	-2,500.00
02/25/25	-2,500.00
02/26/25	-2,500.00
02/27/25	-2,500.00
02/28/25	-2,500.00
03/03/25	-2,500.00
03/04/25	-2,500.00
03/05/25	-2,500.00
03/06/25	-2,500.00
3/7/25	-2,500.00
Total	-66,730.68

3.18 Kings Funding

1270 Avenue of the Americas, Suite 811

New York, NY 10020

01/16/25	-5,178.57
01/30/25	-5,178.57
Total	-10,357.14

3.19 Premium Merchant

55 Water St 50th floor, New York, NY 10041

02/19/25	-6,500.00
01/07/25	-3,973.34

01/15/25	-4,656.25
02/20/25	-1,500.00
02/21/25	-1,500.00
02/24/25	-1,500.00
02/25/25	-1,500.00
02/26/25	-1,500.00
02/27/25	-1,500.00
02/28/25	-1,500.00
03/03/25	-1,500.00
3/21/25	-1,500.00
Total	-28,629.59

Question 4.

Thurgood Family Trust Payment of 2% of Jills gross sales per month
Note Receivable Amortization Schedule Simple Interest of 2%
Jill's Office Payment due on the 10th of each month

	Date	Payment	Interest	Principal	Principal Bal	Days
	9/3/21			1,171,744.00		
1	10/7/21	5,987.52	2,213.29	3,774.23	1,167,969.77	34
2	11/10/21	6,519.00	2,206.17	4,312.83	1,163,656.94	34
3	12/2/21	6,660.76	1,422.25	5,238.51	1,158,418.43	22
4	1/10/22	5,088.42	2,509.91	2,578.51	1,155,839.91	39
5	2/14/22	5,100.82	2,247.47	2,853.35	1,152,986.56	35
6	3/14/22	4,939.54	1,793.53	3,146.01	1,149,840.55	28
7	4/11/22	6,747.02	1,788.64	4,958.38	1,144,882.18	28
8	5/9/22	8,180.92	1,780.93	6,399.99	1,138,482.18	28
9	6/10/22	9,554.44	2,023.97	7,530.47	1,130,951.71	32
10	7/12/22	8,860.20	1,947.75	6,912.45	1,124,039.26	31
11	8/11/22	8,144.35	1,873.40	6,270.95	1,117,768.31	30
12	9/15/22	9,337.34	2,173.44	7,163.90	1,110,604.41	35
13	10/11/22	8,039.21	1,604.21	6,435.00	1,104,169.41	26
14	11/10/22	9,341.44	1,840.28	7,501.16	1,096,668.25	30
15	12/13/22	8,613.07	2,010.56	6,602.51	1,090,065.74	33
	1/1/23			153,794.07	1,243,859.81	
(Merge Connect note balance to Jills note)						
16	1/12/23	7,316.46	1,816.78	5,499.68	1,238,360.12	30

17	2/14/23	8,300.86	2,132.73	6,168.13	1,232,191.99	31
18	3/10/23	7,993.78	1,916.74	6,077.04	1,226,114.96	28
19	4/11/23	9,623.15	2,111.64	7,511.51	1,218,603.45	31
20	5/10/23	10,808.54	1,963.31	8,845.23	1,209,758.21	29
21	6/12/23	12,686.72	2,217.89	10,468.83	1,199,289.38	33
22	7/10/23	11,371.32	1,865.56	9,505.76	1,189,783.63	28
23	8/11/23	13,002.82	2,115.17	10,887.65	1,178,895.98	32
24	9/13/23	11,194.23	2,161.31	9,032.92	1,169,863.06	33
25	10/11/23	11,315.22	1,819.79	9,495.43	1,160,367.62	28
26	11/15/23	13,336.76	2,256.27	11,080.49	1,149,287.13	35
27	12/12/23	10,905.06	1,723.93	9,181.13	1,140,106.00	27
28	1/10/24	10,351.16	1,836.84	8,514.32	1,131,591.68	29
29	2/12/24	9,046.40	2,074.58	6,971.82	1,124,619.87	33
30	3/11/24	9,690.13	1,749.41	7,940.72	1,116,679.15	28
31	4/10/24	12,226.16	1,861.13	10,365.03	1,106,314.12	30
32	5/13/24	12,442.22	2,028.24	10,413.98	1,095,900.14	33
33	6/14/24	12,754.62	1,887.38	10,867.24	1,085,032.90	31
34	7/12/24	12,977.38	1,687.83	11,289.55	1,073,743.35	28
35	8/13/24	11,076.68	1,968.53	9,108.15	1,064,635.20	33
36	9/10/24	11,454.89	1,656.10	9,798.79	1,054,836.41	28
37	10/22/24	11,514.54	2,461.28	9,053.26	1,045,783.16	42
38	12/3/24	10,555.56	2,440.16	8,115.40	1,037,667.76	42
39	12/13/24	10,222.04	0.00	10,222.04	1,027,445.72	

No payments made in 2025

Part 6.

11.3

Mark Rose \$450.00

2180 South 1300 East, Suite 400

Salt Lake City, Utah 84106

mrose@mbt-law.com

Part 10.

18.3 Zions Bank 2951 Checking Closing Date 01/31/25 Closing Balance \$0.00
975 W 1700 S, Syracuse, UT 84075

18.4 Zions Bank 2969 Checking Closing Date 01/31/25 Closing Balance \$-844.61
975 W 1700 S, Syracuse, UT 84075

18.5 Zions Bank 2997 Checking Closing Date 01/31/25 Closing Balance \$0.00
975 W 1700 S, Syracuse, UT 84075

18.6 Glacier Bank 3143 Closing Date 1/15/25 Closing Balance .25
690 State St, Clearfield, UT 84015

18.7 Glacier Bank 9298 Closing Date 1/15/25 Closing Balance .13
690 State St, Clearfield, UT 84015

Part 13.

26.c

Brant Thurgood	1054 Grants Lane, Syracuse UT 84075
Autumn Thurgood	1054 Grants Lane, Syracuse UT 84075
Barbara Thurgood	1889 S. 910 W. Unit B Syracuse, Ut 84075
Alan Thurgood	1889 S. 910 W. Unit B Syracuse, Ut 84075
Rob Phelps	3888 S 4000 W Wellsville, UT 84339

26d.3

SBA

1441 L Street NW, Washington, DC 20416.

26d.4

Booyah Capital Partners
Nashville, TN

30. See following page.

Jills Office

Payroll Payment to Members

This schedule reflects the amounts paid to the members of Jills office during the year 2024. There were no payments made in 2025 to the member of Jills Office.

Date	Amount	Recipient	Date	Amount	Recipient
8-Jan	3,250.00	Brant Thurgood	8-Jan	3,846.15	Rob Phelps
8-Jan	4,868.68	Autumn Thurgood	23-Jan	3,846.15	Rob Phelps
8-Jan	2,700.00	Autumn Thurgood	8-Feb	3,846.15	Rob Phelps
23-Jan	3,250.00	Brant Thurgood	23-Feb	3,846.15	Rob Phelps
23-Jan	4,868.68	Autumn Thurgood	8-Mar	3,846.15	Rob Phelps
23-Jan	2,700.00	Autumn Thurgood	23-Mar	3,846.15	Rob Phelps
8-Feb	3,250.00	Brant Thurgood	8-Apr	6,250.00	Rob Phelps
8-Feb	4,868.68	Autumn Thurgood	23-Apr	6,250.00	Rob Phelps
8-Feb	2,700.00	Autumn Thurgood	8-May	6,250.00	Rob Phelps
23-Feb	3,250.00	Brant Thurgood	23-May	6,250.00	Rob Phelps
23-Feb	4,868.68	Autumn Thurgood	8-Jun	6,250.00	Rob Phelps
23-Feb	2,700.00	Autumn Thurgood	23-Jun	6,250.00	Rob Phelps
8-Mar	3,250.00	Brant Thurgood	8-Jul	6,250.00	Rob Phelps
8-Mar	4,868.68	Autumn Thurgood	23-Jul	6,250.00	Rob Phelps
8-Mar	2,700.00	Autumn Thurgood	8-Aug	6,250.00	Rob Phelps
23-Mar	3,250.00	Brant Thurgood	23-Aug	6,250.00	Rob Phelps
23-Mar	4,868.68	Autumn Thurgood	8-Sep	6,250.00	Rob Phelps
23-Mar	2,700.00	Autumn Thurgood	23-Sep	6,250.00	Rob Phelps
8-Apr	3,250.00	Brant Thurgood	8-Oct	6,250.00	Rob Phelps
8-Apr	4,868.68	Autumn Thurgood	23-Oct	6,250.00	Rob Phelps
8-Apr	2,700.00	Autumn Thurgood	8-Nov	6,250.00	Rob Phelps
23-Apr	3,250.00	Brant Thurgood	23-Nov		Rob Phelps
23-Apr	4,868.68	Autumn Thurgood	8-Dec	12,500.00	Rob Phelps
23-Apr	2,700.00	Autumn Thurgood	23-Dec		Rob Phelps
8-May	3,250.00	Brant Thurgood			
8-May	4,868.68	Autumn Thurgood			
8-May	2,700.00	Autumn Thurgood			
23-May	3,250.00	Brant Thurgood			
23-May	4,868.68	Autumn Thurgood			
23-May	2,700.00	Autumn Thurgood			
8-Jun	3,250.00	Brant Thurgood			
8-Jun	4,868.68	Autumn Thurgood			
8-Jun	2,700.00	Autumn Thurgood			
			Total 129,326.90		

23-Jun	3,250.00	Brant Thurgood
23-Jun	4,868.68	Autumn Thurgood
23-Jun	2,700.00	Autumn Thurgood
8-Jul	3,250.00	Brant Thurgood
8-Jul	4,868.68	Autumn Thurgood
8-Jan	2,700.00	Autumn Thurgood
8-Jul	3,250.00	Brant Thurgood
23-Jul	4,868.68	Autumn Thurgood
23-Jul	2,700.00	Autumn Thurgood
8-Aug	3,250.00	Brant Thurgood
8-Aug	4,868.68	Autumn Thurgood
8-Aug	2,700.00	Autumn Thurgood
23-Aug	3,250.00	Brant Thurgood
23-Aug	4,868.68	Autumn Thurgood
23-Aug	2,700.00	Autumn Thurgood
8-Sep	3,250.00	Brant Thurgood
8-Sep	4,868.68	Autumn Thurgood
8-Sep	2,700.00	Autumn Thurgood
23-Sep	3,250.00	Brant Thurgood
23-Sep	4,868.68	Autumn Thurgood
23-Sep	2,700.00	Autumn Thurgood
8-Oct	3,250.00	Brant Thurgood
8-Oct	4,868.68	Autumn Thurgood
8-Oct	2,700.00	Autumn Thurgood
26-Oct		
26-Oct		
26-Oct		
8-Nov	3,250.00	Brant Thurgood
8-Nov	4,868.68	Autumn Thurgood
8-Nov	2,700.00	Autumn Thurgood
23-Nov		
23-Nov		
23-Nov		
8-Dec		
8-Dec		
8-Dec		
23-Dec		
23-Dec		
23-Dec		

Total	216,373.60
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Jill's Office

Transfer Analysis

The following schedules reflect an analysis of transfers in and out of personal bank accounts of Brant and Autumn Thurgood.

Revenue: Jills Office had a small amount of Stripe Revenue (a billing system for Jills services) deposited directly into Brant's personal account. This was done for speed of receiving funds. Stripe would perform these advance fund transfers only via a debit card. Jills did not have a debit card with their bank.

Expenses Paid: Brant paid some of Jills expenses from his personal account. As can be seen by these schedules, he used personal funds to cover expenses. He also took out two personal loans and deposited them into the account to cover Jills expenses.

Transfers In and Out: Funds were transferred between personal accounts and company accounts to move the revenue out of the personal account to be used by Jills. Transfers were also used to assist in covering payments made.

There are four schedules.

- 1). The first is for the calendar year 2024 for Glacier 0084.
- 2). The second is for a short period at the first of 2025 for personal accounts from Zions and American First Credit Union.
- 3). The third is for the calendar year 2024 for Glacier 1575.
- 4). A fourth schedule combines the total of the previous three schedules.

Calendar Year 2024

Schedule #1

Revenue deposited into personal account

Glacier 0084 - ins and outs of Personal Accounts

Calendar YR 24

Glacier 0084			Revenue	
Date	Description	Amount	To Bnk Acct	Amount
19-Jan	Stripe	1,000.00	0084	1,000.00
5-Feb	Stripe	2,000.00	0084	2,000.00
14-Feb	Stripe	1,000.00	0084	1,000.00
2/20/25	Stripe	1,000.00	0084	1,000.00
2/22/25	Stripe	179.20	0084	179.20
3/19/25	Stripe	1,000.00	0084	1,000.00
5-Apr	stripe	1,000.00	0084	1,000.00
19-Apr	stripe	1,000.00	0084	1,000.00
22-Apr	stripe	1,000.00	0084	1,000.00
3-May	Stripe	2,000.00	0084	2,000.00
6-May	stripe	1,000.00	0084	1,000.00
20-Jun	stripe	6,953.40	0084	6,953.40
26-Jun	stripe	5,333.60	0084	5,333.60
27-Jun	stripe	2,197.95	0084	2,197.95
28-Jun	stripe	1,955.80	0084	1,955.80
2-Jul	stripe	5,000.00	0084	5,000.00
2-Jul	stripe	5,000.00	0084	5,000.00
5-Jul	stripe	2,000.00	0084	2,000.00
5-Jul	stripe	4,000.00	0084	4,000.00
5-Jul	stripe	4,000.00	0084	4,000.00
5-Aug	stripe	1,000.00	0084	1,000.00
6-Aug	stripe	1,000.00	0084	1,000.00
13-Aug	stripe	1,600.00	0084	1,600.00
15-Aug	stripe	2,000.00	0084	2,000.00
20-Aug	stripe	1,600.00	0084	1,600.00
21-Aug	stripe	1,600.00	0084	1,600.00
22-Aug	stripe	2,007.92	0084	2,007.92
23-Aug	stripe	2,722.78	0084	2,722.78
23-Aug	stripe	821.32	0084	821.32
26-Aug	stripe	1,063.34	0084	1,063.34

27-Aug	stripe	1,178.34	0084	1,178.34
27-Aug	stripe	1,609.97	0084	1,609.97
27-Aug	stripe	1,000.00	0084	1,000.00
29-Aug	stripe	1,934.11	0084	1,934.11
29-Aug	stripe	5,000.00	0084	5,000.00
29-Aug	stripe	2,944.35	0084	2,944.35
3-Sep	stripe	2,548.22	0084	2,548.22
4-Sep	stripe	4,979.02	0084	4,979.02
4-Sep	stripe	5,000.00	0084	5,000.00
4-Sep	stripe	5,000.00	0084	5,000.00
6-Sep	stripe	3,257.61	0084	3,257.61
6-Sep	stripe	6,742.39	0084	6,742.39
9-Sep	stripe	1,301.78	0084	1,301.78
11-Sep	stripe	2,698.89	0084	2,698.89
13-Sep	stripe	3,060.04	0084	3,060.04
16-Sep	stripe	740.92	0084	740.92
16-Sep	stripe	9,609.53	0084	9,609.53
19-Sep	stripe	825.36	0084	825.36
19-Sep	stripe	482.83	0084	482.83
23-Sep	stripe	889.19	0084	889.19
27-Sep	stripe	1,032.18	0084	1,032.18
30-Sep	stripe	1,242.01	0084	1,242.01
2-Oct	stripe	4,000.00	0084	4,000.00
3-Oct	stripe	3,000.00	0084	3,000.00
7-Oct	stripe	5,897.01	0084	5,897.01
8-Oct	stripe	2,500.00	0084	2,500.00
9-Oct	stripe	2,500.00	0084	2,500.00
15-Oct	stripe	2,596.52	0084	2,596.52
15-Oct	stripe	2,469.50	0084	2,469.50
16-Oct	stripe	2,554.94	0084	2,554.94
16-Oct	stripe	1,329.25	0084	1,329.25
18-Oct	stripe	9,992.63	0084	9,992.63
21-Oct	stripe	5,000.00	0084	5,000.00
21-Oct	stripe	1,000.00	0084	1,000.00
21-Oct	stripe	4,000.00	0084	4,000.00
22-Oct	stripe	5,000.00	0084	5,000.00
22-Oct	stripe	5,000.00	0084	5,000.00
23-Oct	stripe	4,403.01	0084	4,403.01
23-Oct	stripe	4,778.58	0084	4,778.58
29-Oct	stripe	2,950.00	0084	2,950.00

30-Oct	stripe	2,375.00	0084	2,375.00
31-Oct	stripe	5,000.00	0084	5,000.00
31-Oct	stripe	5,000.00	0084	5,000.00
1-Nov	stripe	1,882.56	0084	1,882.56
1-Nov	stripe	769.02	0084	769.02
4-Nov	stripe	7,041.36	0084	7,041.36
4-Nov	stripe	6,452.65	0084	6,452.65
4-Nov	stripe	3,547.35	0084	3,547.35
5-Nov	stripe	5,000.00	0084	5,000.00
5-Nov	stipe	5,000.00	0084	5,000.00
8-Nov	stripe	5,360.88	0084	5,360.88
8-Nov	stripe	1,469.78	0084	1,469.78
8-Nov	stripe	2,322.88	0084	2,322.88
12-Nov	stripe	7,124.17	0084	7,124.17
12-Nov	stripe	6,087.27	0084	6,087.27
19-Nov	stirpe	5,000.00	0084	5,000.00
19-Nov	stripe	5,000.00	0084	5,000.00
20-Nov	stripe	4,770.39	0084	4,770.39
24-Dec	stripe	1,574.03	0084	1,574.03
24-Dec	stripe	8,425.97	0084	8,425.97
26-Dec	stripe	9,000.00	0084	9,000.00
26-Dec	stripe	1,860.54	0084	1,860.54
26-Dec	stripe	551.62	0084	551.62
26-Dec	stripe	464.88	0084	464.88
26-Dec	stripe	299.06	0084	299.06
26-Dec	stripe	935.14	0084	935.14
30-Dec	stripe	2,036.85	0084	2,036.85
30-Dec	stripe	7,963.15	0084	7,963.15
30-Dec	stripe	5,000.00	0084	5,000.00
30-Dec	stripe	5,000.00	0084	5,000.00
CYR 24	Collective Stripe	182,336.13	0084	182,336.13
	Total Revenue Deposited			500,734.17

Expenses paid from personal account

Glacier 0084 - ins and outs of Personal Accounts
Calendar YR 24

Glacier 0084			Expenses	
Date	Description	Amount	From Bnk Accnt	Amount
Expenses paid				
17-Sep	Capital One	11,000.00	0084	11,000.00
21-Oct	Capital One	8,000.00	0084	8,000.00
22-Oct	AMEX	14,000.00	0084	14,000.00
23-Oct	AMEX	3,500.00	0084	3,500.00
23-Oct	AMEX	19,250.00	0084	19,250.00
24-Oct	AMEX	3,000.00	0084	3,000.00
26-Oct	Capital One	6,000.00	0084	6,000.00
28-Oct	PAYROLL - Paige	1,177.95	0084	1,177.95
21-Nov	AMEX	21,000.00	0084	21,000.00
25-Nov	PAYROLL - Paige	1,155.99	0084	1,155.99
25-Nov	payroll employee	1,167.07	0084	1,167.07
25-Nov	payroll employee	1,507.76	0084	1,507.76
25-Nov	payroll employee	1,255.69	0084	1,255.69
25-Nov	payroll employee	1,067.09	0084	1,067.09
26-Nov	payroll employee	1,058.91	0084	1,058.91
26-Nov	payroll employee	1,513.91	0084	1,513.91
26-Nov	payroll employee	1,257.86	0084	1,257.86
26-Nov	payroll employee	1,156.65	0084	1,156.65
26-Nov	payroll employee	1,730.35	0084	1,730.35
26-Nov	payroll employee	1,246.42	0084	1,246.42
26-Nov	payroll employee	1,051.87	0084	1,051.87
26-Nov	payroll employee	1,613.40	0084	1,613.40
9-Dec	payroll employee	901.65	0084	901.65
9-Dec	payroll employee	352.50	0084	352.50
9-Dec	payroll employee	354.99	0084	354.99
12-Dec	AMEX	24,000.00	0084	24,000.00
16-Dec	AMEX	5,000.00	0084	5,000.00
19-Dec	AMEX	25,000.00	0084	25,000.00
24-Dec	employee payroll	1,074.78	0084	1,074.78
24-Dec	employee payroll	1,601.21	0084	1,601.21
26-Dec	employee payroll	1,008.79	0084	1,008.79

26-Dec	employee payroll	867.77	0084	867.77
26-Dec	employee payroll	896.19	0084	896.19
26-Dec	employee payroll	820.76	0084	820.76
30-Dec	employee payroll	1,036.38	0084	1,036.38
30-Dec	employee payroll	1,092.14	0084	1,092.14
Total expenses				167,718.08

Transfers in/out from personal account

Glacier 0084 - ins and outs of Personal Accounts

Calendar YR 24

Glacier 0084			Transfers	
Date	Description	Amount	From-To Bnk Acctnt	Amount
Transfer Out of Personal				
3-Sep	transfer - jill connect	100.00	0084-1565	100.00
12-Sep	transfer - jill connect	2,500.00	0084-1565	2,500.00
13-Sep	transfer - jill connect	10,000.00	0084-1565	10,000.00
11-Oct	transfer	550.00	0084-1565	550.00
16-Oct	transfer	2,500.00	0084-1565	2,500.00
16-Oct	transfer	3,000.00	0084-1565	3,000.00
15-Oct	transfer	10,000.00	0084-1565	10,000.00
18-Oct	transfer	10,000.00	0084-1565	10,000.00
1-Nov	transfer	10,000.00	0084-1565	10,000.00
5-Nov	transfer	18,560.00	0084-1565	18,560.00
6-Dec	transfer	49,980.00	0084-1565	49,980.00
18-Dec	transfer	3,500.00	0084-1565	3,500.00
9-Sep	transfer - jill connect	1,000.00	0084-1857	1,000.00
11-Sep	transfer - jill connect	50.00	0084-1857	50.00
23-Sep	transfer - jill connect	800.00	0084-1857	800.00
23-Sep	transfer - jill connect	2,500.00	0084-1857	2,500.00
23-Sep	transfer - jill connect	5,000.00	0084-1857	5,000.00
11-Oct	transfer	25.00	0084-1857	25.00
11-Oct	transfer	1,000.00	0084-1857	1,000.00
4-Nov	transfer	10,050.00	0084-1857	10,050.00
18-Nov	Transfer	2,500.00	0084-1857	2,500.00
18-Nov	transfer	8,000.00	0084-1857	8,000.00
20-Dec	transfer	2,600.00	0084-1857	2,600.00
22-Oct	transfer	2,500.00	0084-3143	2,500.00

7-Oct	transfer	5,000.00	0084-3134	5,000.00
1-Oct	transfer	2,500.00	0084-3143	2,500.00
2-Oct	transfer	2,100.00	0084-3143	2,100.00
3-Oct	transfer	2,450.00	0084-3143	2,450.00
8-Oct	transfer	2,500.00	0084-3143	2,500.00
9-Oct	transfer	2,500.00	0084-3143	2,500.00
11-Oct	transfer	2,500.00	0084-3143	2,500.00
15-Oct	transfer	2,500.00	0084-3143	2,500.00
21-Oct	transfer	5,030.00	0084-3143	5,030.00
24-Oct	transfer	5,100.00	0084-3143	5,100.00
29-Oct	transfer	2,500.00	0084-3143	2,500.00
7-Nov	transfer	5,700.00	0084-3143	5,700.00
12-Nov	Trasnfer	10,000.00	0084-3143	10,000.00
8-Aug	transfer	400.00	0084-7258	400.00
13-Aug	transfer	1,600.00	0084-7258	1,600.00
14-Aug	transfer	1,600.00	0084-7258	1,600.00
19-Aug	transfer	1,600.00	0084-7258	1,600.00
20-Aug	transfer	1,590.00	0084-7258	1,590.00
21-Aug	transfer	1,600.00	0084-7258	1,600.00
27-Aug	Transfer	1,600.00	0084-7258	1,600.00
11-Sep	transfer	260.00	0084-7258	260.00
11-Sep	transfer	1,600.00	0084-7258	1,600.00
12-Sep	transfer	1,600.00	0084-7258	1,600.00
26-Sep	transfer	11,600.00	0084-7258	11,600.00
4-Nov	transfer	8,050.00	0084-7258	8,050.00
4-Nov	transfer	11,500.00	0084-7258	11,500.00
6-Nov	transfer	1,500.00	0084-7258	1,500.00
12-Nov	transfer	11,600.00	0084-7258	11,600.00
2-Dec	transfer	11,620.00	0084-7258	11,620.00
16-Dec	transfer	1,600.00	0084-7258	1,600.00
16-Sep	transfer	1,550.00	0084-7265	1,550.00
21-Jun	transfer	12,000.00	0084-9001	12,000.00
26-Jun	transfer	5,400.00	0084-9001	5,400.00
27-Jun	transfer	2,200.00	0084-9001	2,200.00
28-Jun	transfer	4,572.00	0084-9001	4,572.00
1-Jul	transfer	1,000.00	0084-9001	1,000.00
2-Jul	transfer	10,000.00	0084-9001	10,000.00
5-Jul	transfer	8,000.00	0084-9001	8,000.00
12-Jul	transfer	185.00	0084-9001	185.00
23-Aug	transfer	2,007.92	0084-9001	2,007.92

23-Aug	transfer	2,700.00	0084-9001	2,700.00
23-Aug	transfer	4,000.00	0084-9001	4,000.00
26-Aug	transfer	1,063.00	0084-9001	1,063.00
26-Aug	transfer	3,500.00	0084-9001	3,500.00
26-Aug	transfer	5,150.95	0084-9001	5,150.95
27-Aug	transfer	10,000.00	0084-9001	10,000.00
30-Aug	transfer	1,934.11	0084-9001	1,934.11
30-Aug	transfer	8,628.73	0084-9001	8,628.73
3-Sep	transfer	4,514.00	0084-9001	4,514.00
3-Sep	transfer	5,000.00	0084-9001	5,000.00
4-Sep	transfer	10,000.00	0084-9001	10,000.00
6-Sep	transfer	3,256.91	0084-9001	3,256.91
6-Sep	transfer	6,900.00	0084-9001	6,900.00
9-Sep	transfer	200.00	0084-9001	200.00
9-Sep	transfer	1,700.00	0084-9001	1,700.00
9-Sep	transfer	1,800.00	0084-9001	1,800.00
9-Sep	transfer	2,000.00	0084-9001	2,000.00
9-Sep	transfer	2,000.00	0084-9001	2,000.00
11-Sep	transfer	1,250.00	0084-9001	1,250.00
13-Sep	transfer	3,000.00	0084-9001	3,000.00
27-Sep	transfer	52,000.00	0084-9001	52,000.00
11-Oct	transfer	5,500.00	0084-9001	5,500.00
18-Oct	transfer	4,000.00	0084-9001	4,000.00
18-Oct	transfer	4,000.00	0084-9001	4,000.00
18-Oct	transfer	25,000.00	0084-9001	25,000.00
22-Oct	transfer	7,000.00	0084-9001	7,000.00
30-Oct	transfer	4,800.00	0084-9001	4,800.00
31-Oct	transfer	22,416.20	0084-9001	22,416.20
1-Nov	transfer	1,500.00	0084-9001	1,500.00
6-Nov	transfer	1,500.00	0084-9001	1,500.00
12-Nov	transfer	10,000.00	0084-9001	10,000.00
12-Nov	transfer	1,241.32	0084-9001	1,241.32
12-Nov	transfer	1,241.62	0084-9001	1,241.62
14-Nov	transfer	5,000.00	0084-9001	5,000.00
15-Nov	transfer	7,000.00	0084-9001	7,000.00
19-Nov	transfer	12,000.00	0084-9001	12,000.00
20-Nov	transfer	4,000.00	0084-9001	4,000.00
27-Nov	transfer	85,000.00	0084-9001	85,000.00
29-Nov	transfer	5,000.00	0084-9001	5,000.00
29-Nov	transfer	35,000.00	0084-9001	35,000.00

10-Dec	transfer	33,000.00	0084-9001	33,000.00
11-Dec	transfer	5,200.00	0084-9001	5,200.00
12-Dec	transfer	10,000.00	0084-9001	10,000.00
18-Dec	transfer	1,000.00	0084-9001	1,000.00
24-Dec	transfer	8,000.00	0084-9001	8,000.00
27-Dec	transfer	13,000.00	0084-9001	13,000.00
15-Oct	transfer	2,500.00	0084-9034	2,500.00
16-Oct	transfer	1,300.00	0084-9034	1,300.00
26-Nov	transfer	3,000.00	0084-9034	3,000.00
27-Nov	transfer	2,400.00	0084-9034	2,400.00
30-Oct	transfer	1,000.00	0084-9298	1,000.00
1-Nov	transfer	500.00	0084-9298	500.00
27-Nov	transfer	660.00	0084-9298	660.00
27-Nov	transfer	6,000.00	0084-9298	6,000.00
2-Dec	transfer	9,815.00	0084-9298	9,815.00
18-Dec	transfer	2,300.00	0084-9298	2,300.00

Trans Out

796,401.76

Transfer Into Personal

18-Oct	transfer	10,000.00	1565-0084	10,000.00
25-Oct	transfer	3,000.00	1565-0084	3,000.00
10-Dec	transfer	33,000.00	1565-0084	33,000.00
23-Dec	transfer-payroll employee	900.00	1857-0084	900.00
17-Oct	transfer	1,400.00	3143-0084	1,400.00
29-Nov	transfer	34,500.00	3143-0084	34,500.00
17-Sep	transfer	12,000.00	7258-0084	12,000.00
5-Nov	transfer	1,500.00	7258-0084	1,500.00
3/5/25	Payment for Fridge	477.00	9001-0084	477.00
3/26/25	refund for collective computer refund- apple	3,900.00	9001-0084	3,900.00
17-Jul	computer	4,000.00	9001-0084	4,000.00
29-Apr	website payment	1,500.00	9001-0084	1,500.00
13-Aug	Transfer-Jalen flight	555.96	9001-0084	555.96
19-Aug	transfer	2,500.00	9001-0084	2,500.00
27-Aug	transfer	4,500.00	9001-0084	4,500.00
29-Aug	transfer	1,113.15	9001-0084	1,113.15
5-Sep	transfer	2,500.00	9001-0084	2,500.00
18-Oct	transfer	4,000.00	9001-0084	4,000.00
22-Oct	transfer	1,000.00	9001-0084	1,000.00
23-Oct	transfer	3,000.00	9001-0084	3,000.00
25-Oct	transfer	9,000.00	9001-0084	9,000.00

4-Nov	transfer	5,000.00	9001-0084	5,000.00
5-Nov	transfer	1,500.00	9001-0084	1,500.00
8-Nov	transfer	3,000.00	9001-0084	3,000.00
21-Nov	transfer	1,500.00	9001-0084	1,500.00
27-Nov	transfer	2,000.00	9001-0084	2,000.00
27-Nov	transfer	7,000.00	9001-0084	7,000.00
2-Dec	transfer	10,000.00	9001-0084	10,000.00
2-Dec	transfer	12,000.00	9001-0084	12,000.00
6-Dec	transfer	901.65	9001-0084	901.65
6-Dec	transfer	5,000.00	9001-0084	5,000.00
6-Dec	transfer	51,000.00	9001-0084	51,000.00
9-Dec	transfer	2,000.00	9001-0084	2,000.00
11-Dec	transfer	13,500.00	9001-0084	13,500.00
16-Dec	transfer	8,000.00	9001-0084	8,000.00
20-Dec	transfer	2,600.00	9001-0084	2,600.00
20-Dec	transfer	26,000.00	9001-0084	26,000.00
23-Dec	employee payroll - transfer	1,000.00	9001-0084	1,000.00
23-Dec	transfer-employee payroll	1,016.31	9001-0084	1,016.31
24-Dec	transfer	1,500.00	9001-0084	1,500.00
18-Oct	transfer	4,000.00	9034-0084	4,000.00
21-Oct	transfer	12,500.00	9034-0084	12,500.00
22-Nov	transfer	25,000.00	9034-0084	25,000.00
25-Nov	transfer	10,000.00	9034-0084	10,000.00
11-Dec	transfer	11,600.00	9034-0084	11,600.00
25-Oct	transfer	8,000.00	9298-0084	8,000.00
Total Transfer into Personal				359,964.07

Recap for CY 2024

Funds Into Personal

Stripe Dollars into 0084	500,734.17
Transfers into 0084	359,964.07
Sub Total Funds in from Jill's Office	860,698.24

Funds Out of Personal

Transfers from 0084	796,401.76
Expenses Paid by 0084	167,718.08

Total funds from 0084	964,119.84
Excess Funds Out of Personal	-103,421.60
Personal Funds injected to cover excess out	
Brant & Autumn Personal Ln 9/25/24	79,056.00
Brant & Autumn Personal Ln 11/27/24	<u>59,902.45</u>
Sub Total Funds in from Personal Lns	138,958.45

Schedule #2

Short Period from First of 2025

Glacier 0084/ Zions 4589/ AFCU 6891 Calendar YR 25				Revenue	
Bank Acct	Date	Description	Amount	To Bnk Acct	Amount
Glacier 0084	2-Jan	Stripe	905.63	0084	905.63
Glacier 0084	2-Jan	Stripe	816.14	0084	816.14
Glacier 0084	2-Jan	Stripe	8,278.23	0084	8,278.23
Glacier 0084	3-Jan	stripe	5,000.00	0084	5,000.00
Glacier 0084	3-Jan	stripe	5,000.00	0084	5,000.00
Glacier 0084	6-Jan	stripe	7,387.15	0084	7,387.15
Glacier 0084	8-Jan	stripe	583.63	0084	583.63
Glacier 0084	8-Jan	stripe	4,781.24	0084	4,781.24

Glacier					
0084	9-Jan	stripe	966.58	0084	966.58
Glacier					
0084	14-Jan	stripe	3,000.00	0084	3,000.00
Glacier		Stripe			
0084	2025	Collective	42,122.86	0084	42,122.86
				Total Rev	78,841.46

Equity Analysis

Glacier 0084/ Zions 4589/ AFCU 6891

Calendar YR 25

				Expenses	
Bank Acct	Date	Description	Amount	From Bnk Acct	Amount
Expenses Paid					
Glacier 0084	2-Jan	employee payroll	1309.05	0084	1,309.05
Glacier 0084	2-Jan	employee payroll	2,034.48	0084	2,034.48
Glacier 0084	2-Jan	employee payroll	2,299.58	0084	2,299.58
Glacier 0084	3-Jan	employee payroll	1,178.26	0084	1,178.26
Glacier 0084	6-Jan	employee payroll	1,471.89	0084	1,471.89
Glacier 0084	6-Jan	employee payroll	1,658.83	0084	1,658.83
Glacier 0084	6-Jan	employee payroll	1,225.03	0084	1,225.03
Glacier 0084	6-Jan	employee perk - museum of ice cream	738.30	0084	738.30
Glacier 0084	7-Jan	Ngrok,	80.00	0084	80.00
Glacier 0084	7-Jan	Ngrok	90.00	0084	90.00
Glacier 0084	7-Jan	employee payroll	1,102.03	0084	1,102.03

Glacier					
0084	9-Jan	employee payroll	1,074.78	0084	1,074.78
Glacier					
0084	9-Jan	employee payroll	1,026.31	0084	1,026.31
Glacier					
0084	14-Jan	employee payroll	1,601.2	0084	1,601.20
Glacier					
0084	14-Jan	employee payroll	1,438.54	0084	1,438.54
Glacier					
0084	16-Jan	employee payroll	187.65	0084	187.65
Zions					
4589	16-Jan	sentry	370.1	4589	370.10
Zions					
4589	16-Jan	slack	102.34	4589	102.34
Zions					
4589	17-Jan	go high level	100.00	4589	100.00
Zions					
4589	21-Jan	sleek plan	15.00	4589	15.00
Zions					
4589	22-Jan	employee payroll	2,500.00	4589	2,500.00
Zions					
4589	22-Jan	go high level	482.16	4589	482.16
Zions					
4589	23-Jan	dart capital	55,000.00	4589	55,000.00
Zions					
4589	24-Jan	employee payroll	1,704.95	4589	1,704.95
Zions					
4589	31-Jan	payment to Highland	9,000.00	6891	9,000.00
AFCU					
6891	3-Feb	efile	4.75	6891	4.75
AFCU					
6891	8-Feb	ngrock	80.00	6891	80.00
AFCU					
6891	8-Feb	ngrock	90.00	6891	90.00
AFCU					
6891	10-Feb	efile	25.40	6891	25.40
AFCU					
6891	10-Feb	employee payroll	1,674.1	6891	1,674.10
AFCU					
6891	10-Feb	employee payroll	1,704.95	6891	1,704.95
AFCU					
6891	10-Feb	cash app - cap assit	2,000.00	6891	2,000.00
AFCU					
6891	10-Feb	employee payroll	2,908.46	6891	2,908.46

AFCU					
6891	12-Feb	efile	15.90	6891	15.90
AFCU					
6891	12-Feb	payment to epsine	10,000.00	6891	10,000.00
AFCU					
6891	14-Feb	payment to fundbox	1,000.00	6891	1,000.00
AFCU					
6891	19-Feb	payment to PMF	6,500.00	6891	6,500.00
AFCU					
6891	19-Feb	employee payroll	1,065.19	6891	1,065.19
AFCU					
6891	28-Feb	employee payroll	1,684.00	6891	1,684.00
AFCU					
6891	10-Mar	employee payroll	1,764.10	6891	1,764.10
AFCU					
6891	12-Mar	dial pad	796.45	6891	796.45
AFCU					
6891	13-Mar	office max	568.38	6891	568.38
AFCU					
6891	11-Mar	mark rose	425.00	6891	425.00
AFCU					
6891	22-Mar	employee payroll	1,674.40	6891	1,674.40
AFCU					
6891	4-Apr	netlify	101.88	6891	101.88
AFCU					
6891	5-Apr	ubi cloud	3.14	6891	3.14
AFCU					
6891	7-Apr	google cloud	53.42	6891	53.42
AFCU					
6891	3-Jan	zelle - cap assit payment	2,000.00	6981	2,000.00
AFCU					
6891	3-Feb	loan payment	6,000.00	6981	6,000.00
AFCU					
6891	5-Feb	employee payroll	1,166.91	6981	1,166.91
AFCU					
6891	6-Feb	cash app - cap assit	1,000.00	6981	1,000.00
AFCU					
6891	6-Feb	cash app - cap assit	1,000.00	6981	1,000.00
AFCU					
6891	7-Feb	employee payroll	723.96	6981	723.96
AFCU					
6891	7-Feb	cash app - cap assit	1,000.00	6981	1,000.00
AFCU					
6891	8-Feb	efile	4.75	6981	4.75

Total
Expenses Paid

134,825.62

**Transfers to and from
personal accounts**

Glacier 0084/ Zions 4589/ AFCU 6891
Calendar YR 25

				Transfers	
Bank Acct	Date	Description	Amount	From-To Bnk Acct	Amount
Transfer Into Personal					
Glacier 0084	2-Jan	transfer	5,000.00	9034-0084	5,000.00
Glacier 0084	6-Jan	transfer	1,000.00	3143-0084	1,000.00
Glacier 0084	6-Jan	Transfer	2,500.00	9298-0084	2,500.00
Glacier 0084	9-Jan	transfer	389.00	9298-0084	389.00
Glacier 0084	16-Jan	transfer	2,257.00	9034-0084	2,257.00
Zions 4589	15-Jan	transfer	1,200.00	9251-4589	1,200.00
Zions 4589	15-Jan	transfer	1,000.00	2977-4589	1,000.00
Zions 4589	21-Jan	transfer	1,250.00	2951-4589	1,250.00
Zions 4589	21-Jan	transfer	1,500.00	2951-4589	1,500.00
Zions 4589	21-Jan	transfer	1,000.00	2951-4589	1,000.00
Zions 4589	23-Jan	transfer	1,500.00	2951-4589	1,500.00
Zions 4589	23-Jan	transfer	1,000.00	2951-4589	1,000.00
Zions 4589	24-Jan	transfer	1,500.00	2951-4589	1,500.00
AFCU 6891	10-Mar	transfer	769.45	9574-6891	769.45
AFCU 6891	13-Mar	transfer	450.00	9574-6891	450.00
AFCU 6891	13-Mar	transfer	568.38	9574-6891	568.38
AFCU 6891	22-Mar	transfer	1,674.40	9574-6891	1,674.40
Total Transfers Into Personal					24,558.23
Transfers Out of Personal					
Glacier 0084	2-Jan	transfer	7,249.00	0084-9298	7,249.00
Glacier 0084	2-Jan	transfer	10,000.00	0084-9034	10,000.00

Glacier					
0084	3-Jan	transfer	6,021.00	0084-3143	6,021.00
Glacier					
0084	6-Jan	Transfer	2,556.00	0084-9298	2,556.00
Zions 4589	1-Jan	transfer	50.00	4589-2951	50.00
Zions 4589	1-Jan	transfer	50.00	4589-2969	50.00
Zions 4589	1-Jan	transfer	50.00	4589-2977	50.00
Zions 4589	17-Jan	transfer	1,500.00	4589-2951	1,500.00
Zions 4589	23-Jan	transfer	2,700.00	4589-2951	2,700.00
Total transfers Out					30,176.00

Recap of Short Period 2025

Funds in

Strip Jills	78,841.46
Transfers In Jills	<u>24,558.23</u>
Net Funds In Jills	103,399.69

Funds Out

Expenses for Jill	134,825.62
Transfers Out jills	<u>30,176.00</u>
Net Funds Out Jill	165,001.62

Excess Funds Out	-61,601.93
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Personal Funds Added to Cover Excess Out

Brant and Autumn (401 K)	<u>42,000.00</u>
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Schedule #3

Transfers in and out and expenses paid by Glacier Account 1857 a personal account of members.

Glacier 1857 - in's and outs of Personal Accounts

Calendar YR 24

Glacier 1857			Transfers	
Date	Description	Amount	Acct To/From	Amount

			Transfers Out of Personal	
Sep-24	Transfer	19,000.00	1857-1565	19,000.00

23-Sep	Transfer	1,300.00	1857-9001	1,300.00
23-Sep	Transfer	11,000.00	1857-9001	11,000.00
23-Sep	Transfer	161,000.00	1857-9001	161,000.00
25-Oct	Transfer	24,000.00	1857-7258	24,000.00
6-Nov	Transfer	20,217.63	1857-7258	20,217.63
7-Nov	Transfer	5,400.00	1857-9298	5,400.00
6-Dec	Transfer	1,499.00	1857-3134	1,499.00
6-Dec	Transfer	2,064.00	1857-9034	2,064.00
6-Dec	Transfer	10,346.50	1857-9298	10,346.50
9-Dec	Transfer	420.00	1857-1565	420.00
9-Dec	Transfer	1,000.00	1857-3134	1,000.00
9-Dec	Transfer	1,200.00	1857-3134	1,200.00
20-Dec	Transfer	22,700.00	1857-1565	22,700.00
23-Dec	Transfer	5,400.00	1857-9001	5,400.00
23-Dec	Transfer	5,433.00	1857-9001	5,433.00
23-Dec	Transfer	18,600.00	1857-9001	18,600.00
23-Dec	Transfer	24,000.00	1857-9001	24,000.00
23-Dec	Transfer	24,000.00	1857-9001	24,000.00
23-Dec	Transfer	57,000.00	1857-9001	57,000.00

Total out

415,580.13

Transfer Into Personal

23-Sep	Transfer	400.00	7258-1857	400.00
23-Sep	Transfer	36,000.00	7258-1857	36,000.00
23-Sep	Transfer	20,000.00	9001-1857	20,000.00
23-Sep	Transfer	123,500.00	1565-1857	123,500.00
23-Sep	Transfer	3,000.00	9034-1857	3,000.00
30-Sep	Transfer	10,000.00	3134-1857	10,000.00
25-Oct	Transfer	29,000.00	9001-1857	29,000.00
5-Nov	Transfer	8,000.00	7258-1857	8,000.00
6-Nov	Transfer	12,196.02	9001-1856	12,196.02
6-Nov	Transfer	8,000.00	9001-1857	8,000.00
7-Nov	Transfer	5,400.00	7258-1857	5,400.00
6-Dec	Transfer	15,000.00	9001-1856	15,000.00
9-Dec	Transfer	1,500.00	9001-1857	1,500.00
20-Dec	Transfer	50.00	9001-1857	50.00
20-Dec	Transfer	14,300.00	9001-1857	14,300.00
20-Dec	Transfer	81,974.00	1565-1857	81,974.00
20-Dec	Transfer	40.00	9034-1857	40.00
23-Dec	Transfer	24,000.00	9001-1857	24,000.00

23-Dec	Transfer	24,000.00	9001-1857	24,000.00
23-Dec	Transfer	5,400.00	1565-1857	5,400.00
Total Trans In				421,760.02

Date	Description	Amount	Expense Paid	
25-Oct	Capital One	5,000.00	1857	5,000.00
Total Expense				5,000.00

Recap of funds in and out of personal account 1857

Funds In

Stripe Dollars into 1857	0.00
Transfers into 1857	421,760.02
Sub Total Funds in from Jill's Office	<u>421,760.02</u>

Funds Out

Transfers from 1857	415,580.13
Expenses Paid by 1857	5,000.00
Total funds from 1857	<u>420,580.13</u>

Excess Funds In

1,179.89

Schedule #4

Combined Schedule of both calendar year 2024 and the short Period 2025 for all personal accounts

Recap of Funds To and From Personal Bank Accounts

	Glacier 0084	Short Period 2025	Glacier 1575
<i>Funds In</i>			
Stripe Dollars into Personal	500,734.17	78,841.46	0.00
Transfers into Personal	359,964.07	24,558.20	421,760.02
Sub Total Funds In Personal Account	860,698.24	103,399.66	421,760.02

<i>Funds Out</i>			
Transfers from Personal	796,401.76	30,176.00	415,580.13
Expenses Paid by Personal	167,718.08	134,825.62	5,000.00
Total funds from Personal	964,119.84	165,001.62	420,580.13

Net Funds Jill Funds / into (out of)	-103,421.60	-61,601.96	1,179.89
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Personal Funds injected to cover excess out

Brant & Autumn Personal Ln 9/25/24	79,056.00	0.00	0.00
Brant & Autumn Personal Ln 11/27/24	59,902.45	0.00	0.00
Brant & Autumn 401 k Funds	0.00	42,000.00	0.00
	138,958.45	42,000.00	0.00